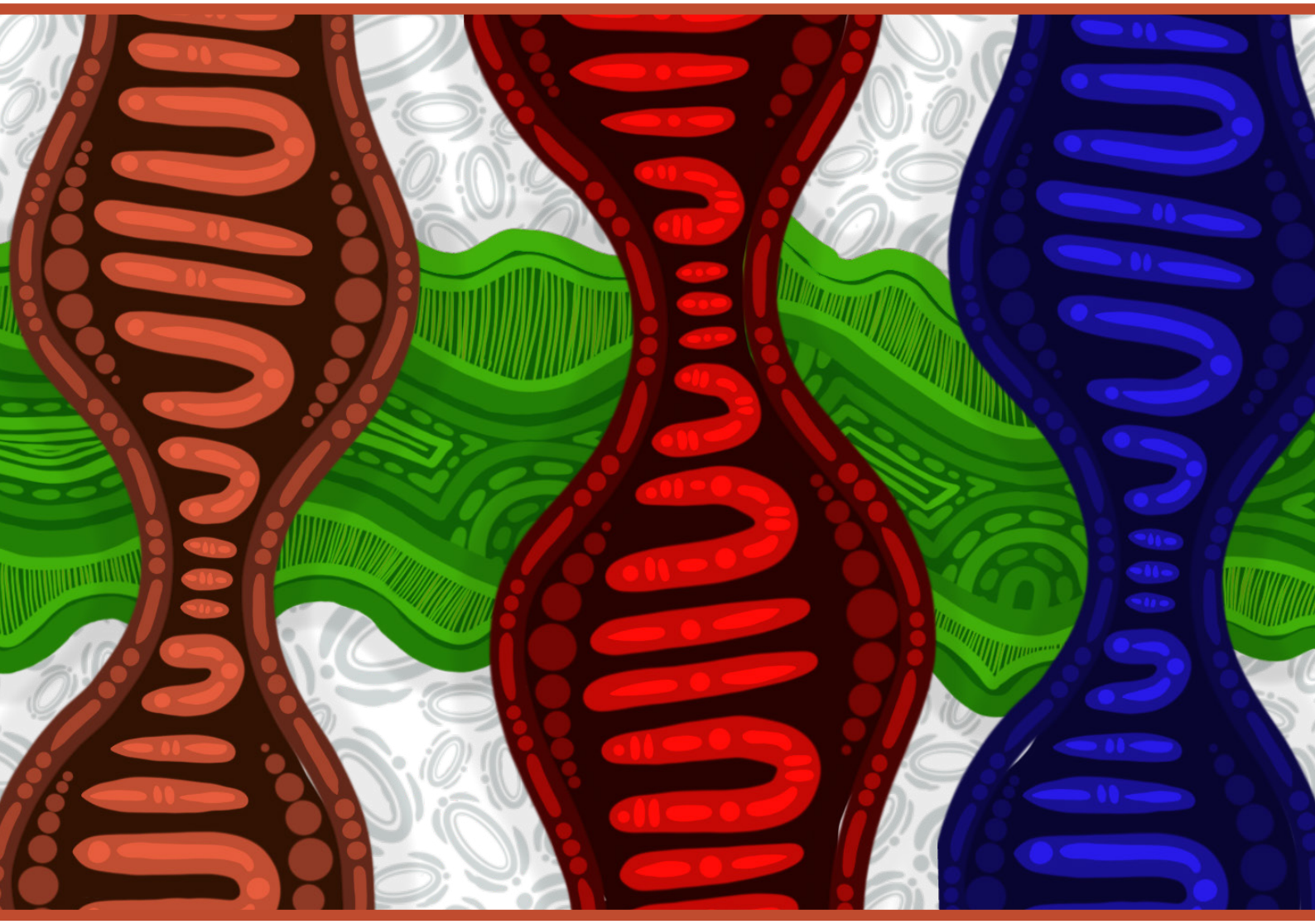
Decolonise now: Community-led pathways to decolonising practice in health

(2018-2024)



THE UNIVERSITY of ADELAIDE

Story of the cover artwork

This artwork was commissioned after the research had been completed, for publication with this report. It tells the journey of Aboriginal and Torres Strait Islander health, from the time before colonisation to the present efforts for positive change.

The first section, represented by natural brown hues, symbolises the health and well-being of Aboriginal and Torres Strait Islander people prior to colonisation. Our people thrived on the land, guided by knowledge passed down through generations. Living in harmony with nature, we had strong spiritual, physical, and mental health grounded in cultural practices, bush medicine, and deep connections to Country.

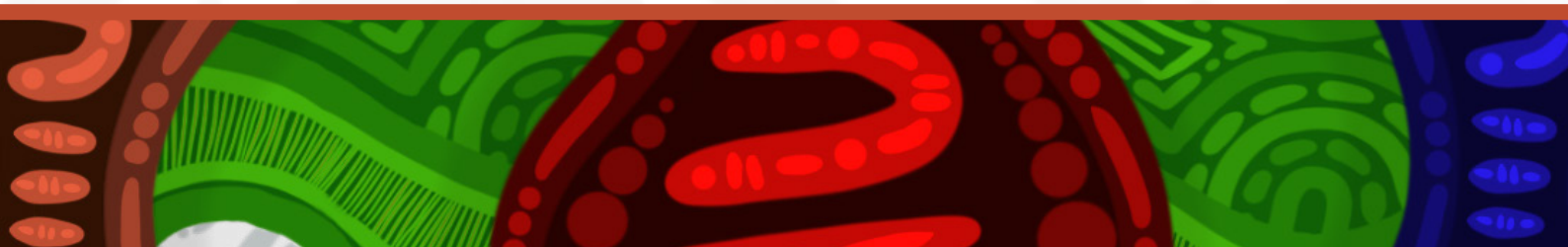
The second section, marked by the colour red, reflects the immense disruption caused by colonisation. This period brought significant hardship, as traditional ways of life were dismantled and access to cultural practices and knowledge was severed. The impact on our health was profound, with disease, displacement, and loss of identity affecting generations of our people. The red is a stark reminder of the struggles faced during this era and the ongoing effects that are still felt today.

Running through the middle of the design is a green section in the background. This represents the strength, resilience, and survival of Aboriginal and Torres Strait Islander culture through every phase of history. Despite the challenges, our connection to Country and our people's wisdom endures. The green is a symbol of growth, renewal, and the continuous flow of cultural knowledge that supports healing and well-being. Throughout the design, symbols of our ancestors are present in the background, watching over each phase of the story. These symbols represent the spirits of our ancestors, who guide us, protect us, and remind us that we are never alone. Their presence is felt in all aspects of our health and well-being, as they continue to pass down their wisdom and strength to future generations. Their resilience is reflected in our ongoing fight for improved health and well-being today.

The final section, represented by blue, speaks to the future – of hope, resilience, and recovery. This section symbolises the steps being taken to heal and improve Aboriginal and Torres Strait Islander health through culturally appropriate healthcare, reconnection to our roots, and community-driven initiatives. It represents a growing recognition of the need to address the past and build a future where health and well-being are reclaimed.

Together, the design narrates our collective journey-acknowledging our strong foundations, the devastating impacts of colonisation, the enduring spirit of our people, the guidance of our ancestors, and the strength driving positive change today.

Jarnda Bina Councillor-Barns is a Karrajarri, Nuggaja, Noongar, Maori woman from Boorloo (Perth).



Warning: Aboriginal and Torres Strait Islander readers are advised that the following report may contain references to and images of those who have passed.

Acknowledgement of Country

The Decolonising Practice in Aboriginal and Torres Strait Islander Health project acknowledges the Traditional Owners and Custodians of the lands on which this project and research was undertaken; these are the Traditional Lands of the Kaurna (Researchers + SALHN), Jagera, Yuggera and Ugarapul (Inala), Arrernte (Mparntwe) (Congress), Larrakia (Danila Dilba) people, and the 13 clans where the mountains meet the rivers and connect to the sea of the Wandi-Wandandian, Jerrinja and Wodi-Wodi peoples (Waminda). We honour and respect their beliefs and relationship with the land, waters and community. We honour your Elders past, present and emerging.

Acknowledgements

A special thank you to the five Aboriginal Primary Health Care (APHC) services for their dedication, ongoing support and generosity of time, wisdom and energy in the data collection, analysis and completion of this important project. We offer our sincere gratitude to:

- Central Australian Aboriginal Congress (Northern Territory)
- Danila Dilba Health Service (Northern Territory)
- Inala Indigenous Health Service (Queensland)
- Aboriginal Health Services, South Australian Local Health Network (South Australia)
- Waminda – Women's Health and Wellbeing Aboriginal Corporation (New South Wales)

About this report

This report, on the findings of the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project (2018-2024), funded by the National Health and Medical Research Council, was produced to highlight, share and better understand the important work of Aboriginal Primary Health Care (APHC) services and how they implement decolonising strategies to improve health and health care. The decolonising strategies used by APHC services offer a holistic health care approach as determined by Aboriginal and Torres Strait Islander Peoples.

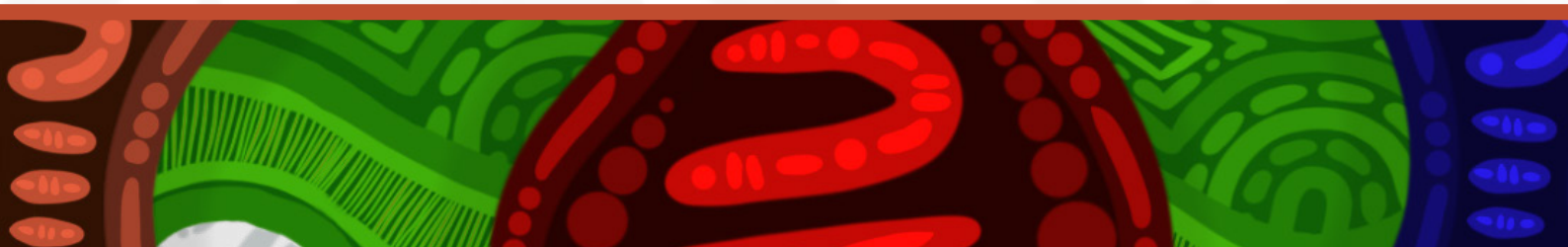
A decolonising approach to health care requires addressing the social, political and cultural determinants to include the emotional, physical, environmental, and spiritual aspects of a person's health and wellbeing. This report shares research findings on some of the impacts and limitations policymakers have on health care providers. It advocates for policy makers to strengthen their relationships with Aboriginal health service providers so they can work together to ensure policies are culturally appropriate.

Decolonising health care practice requires health care providers to work in ways that tackle racism and provide culturally safe, holistic and strength-based health care, to ensure Aboriginal and Torres Strait Islander people can thrive. This requires a recognition that decolonisation can involve changing policies, practices and approaches. The decolonisation process must be led and guided by Aboriginal and Torres Strait Islander people through self-determination, as exemplified in Aboriginal community controlled health organisations.

This research aimed to tell the stories of practices and decolonising strategies used by five primary health care services, in order to make this information accessible to other organisations to facilitate their staunch approaches to developing decolonising agendas and practices to address the negative health effects of ongoing colonisation.

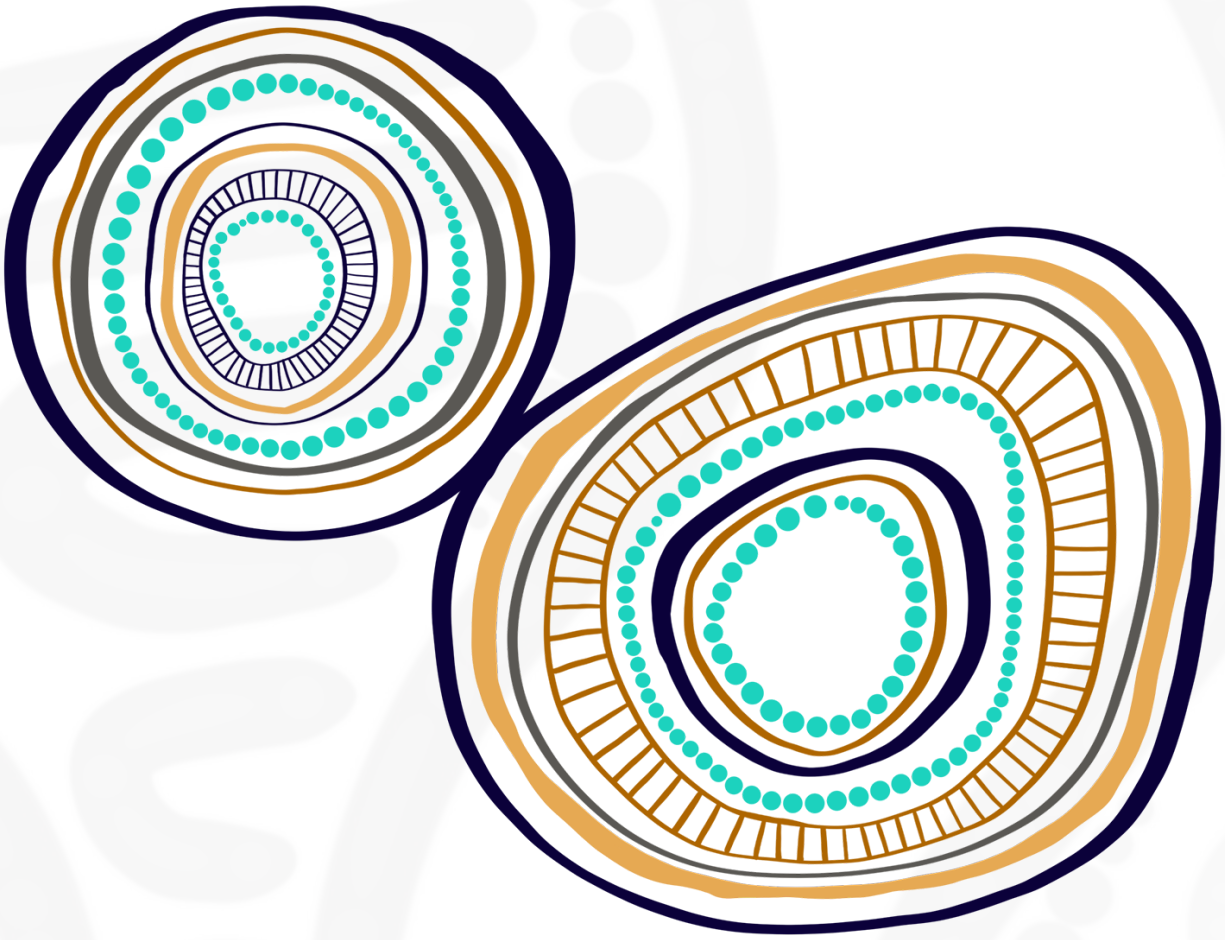
We hope this report will contribute to the urgent and crucial project of decolonisation across Australia and be a valuable resource for the APHC sector, both community controlled and government managed. We hope it will be used by service managers, funders, and government policy makers to inform policy and practice that allows these strengths within the sector to thrive. We also hope that the insights from this project will inform decolonising efforts and movements in other sectors in Australia, and in jurisdictions such as Canada, the United States, and elsewhere.

** Jade Bradford, a proud descendent of the Ballardong Noongar people in Western Australia, wrote this report on behalf of Croakey Professional Services at Croakey Health Media. Jade is a member and director of Croakey Health Media and a communications specialist.*



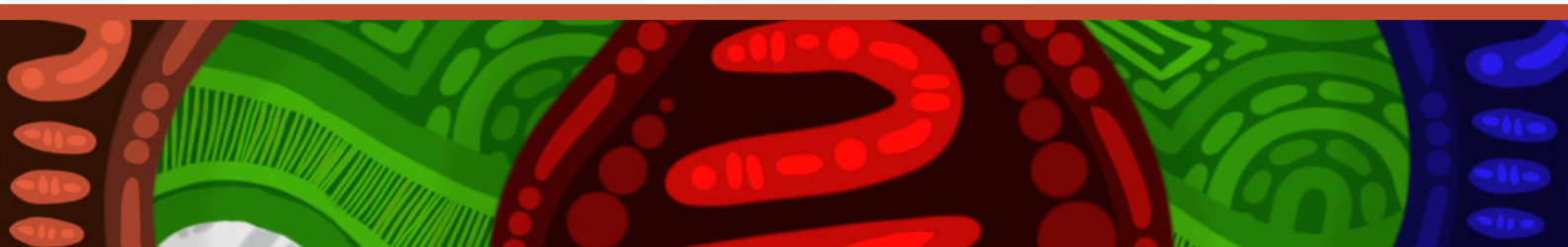
Original artwork by Elizabeth Yanyi Close

This artwork was commissioned in 2018 at the beginning of the research project.



Elizabeth Yanyi Close is an Anangu woman from the Pitjantjatjara and Yankunytjatjara language groups. Elizabeth started painting professionally in 2007, and has been creating large scale street works. She has over 20 large scale murals across the Adelaide CBD, interstate and overseas.

Elizabeth says the artwork represents “the collaborative responsibility that the health sector has to contribute to decolonising health, it is about bringing our stories together, acknowledging our shared histories in order to move forward with a decolonised and growth mindset”.



Foreword

By Paul Stewart

CEO of Lowitja Institute

At the heart of our work at Lowitja Institute, Australia's only national Aboriginal and Torres Strait Islander community-controlled health research institute, is recognition and respect for the importance of self-determination. It is foundational for our work, in supporting Aboriginal and Torres Strait Islander researchers and communities to achieve better health and wellbeing outcomes. Self-determination is also vital in supporting decolonisation of the systems and structures that influence our health and wellbeing.

I am therefore honoured for the opportunity to contribute an opening statement to this important publication, profiling the powerful work undertaken by Aboriginal Primary Health Care Services, and sharing knowledge about the decolonising strategies that they use to embed and enact self-determination in their work. Lowitja Institute is proud to have contributed to this project, which underscores the importance of research that makes a meaningful difference and addresses the needs and priorities of our communities.

We hope this publication will encourage other researchers and services to understand and engage with decolonising strategies. When it comes to addressing systemic practices in healthcare, it is important to take a holistic approach. I support the report's call for wider implementation of decolonising practices across health policy and service delivery. In outlining the decolonising strategies used by Aboriginal Primary Health Care Services, this project has a wider resonance, identifying strategies that are more generally applicable across the health sector and other sectors, including education, for example. I also encourage policymakers, at federal, state and territory, and local levels, to engage with this report in a meaningful and reflexive way.

This is a timely publication. Now, more than ever, we must strengthen our organisations and communities in the face of profound challenges. In doing so, we acknowledge the strengths of our ancestors, our Elders and our communities, as is so evident in this publication. I encourage you to read this report and to share it widely.

Finally, I would like to extend my sincere and warmest thanks to all of the services and participants who contributed to this project, and also to the researchers involved. This report reminds us of the importance of respect and reciprocity in research, and the responsibility of researchers to ensure their work produces tangible outcomes for our communities.

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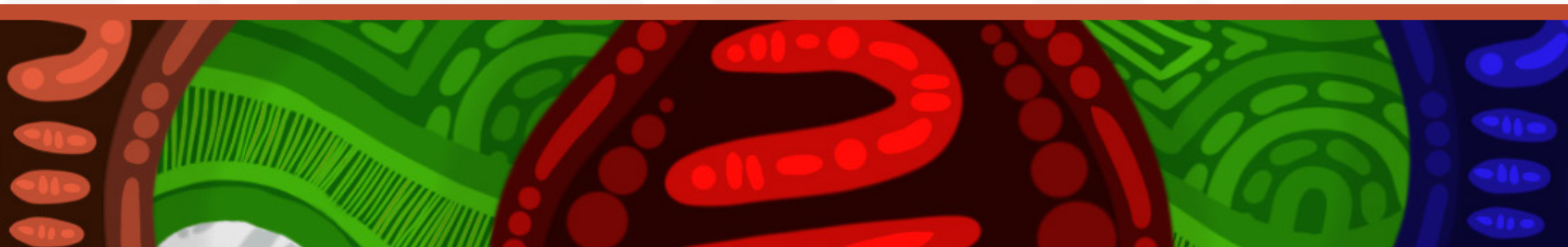
Terminology

First Peoples	The term 'First Peoples' has been used in this report to respectfully acknowledge Aboriginal and Torres Strait Islander people as the First Peoples of Australia and to also acknowledge the diversity of cultures and identities across Australia.
First Nations people/ First Nations Peoples	Similar to the use of the term 'First Peoples,' the terms 'First Nations people' and 'First Nations Peoples' also acknowledge the diversity of Aboriginal and Torres Strait Islander cultures and identities. The term 'First Nations Peoples' has also been used within this report to refer to First Nations Peoples globally.
Aboriginal and Torres Strait Islander	In this report the term 'Aboriginal and Torres Strait Islander' refers to the First Peoples of mainland Australia and lutruwita/Tasmania, as well as the First Peoples of the Torres Strait region.
Aboriginal	Refers to the First Peoples of mainland Australia.
Indigenous	This term is used in relation to either or both Aboriginal and Torres Strait Islander Peoples or people.
Non-Indigenous/ Non-Aboriginal	Refers to people who are not of Aboriginal or Torres Strait Islander decent.
People	The word 'people' has been used to refer to Aboriginal and/or Torres Strait Islander individuals or a single community (for example, the Yilli Rreung people (greater Darwin).
Peoples	'Peoples' refers to diverse Aboriginal and Torres Strait Islander community groups across Australia.



Introduction

At the heart of this report is the work of APHC services. It outlines the research findings of the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project, which was funded by a National Health and Medical Research Council Project Grant. The aim of the research was to identify the strengths of the APHC sector in pursuing decolonising practice that addresses the negative health effects of ongoing colonisation.

The research project was conducted in partnership with five APHC service providers based around Australia. The services' participation in the project was negotiated through existing relationships built through previous work, and by approaching services with a known track record of strong decolonising practice. Partners included three community-controlled health services and two government health services. As part of project collaborations, input was sought from Aboriginal and Torres Strait Islander people, including from an advisory group, partner service staff, and from community members.

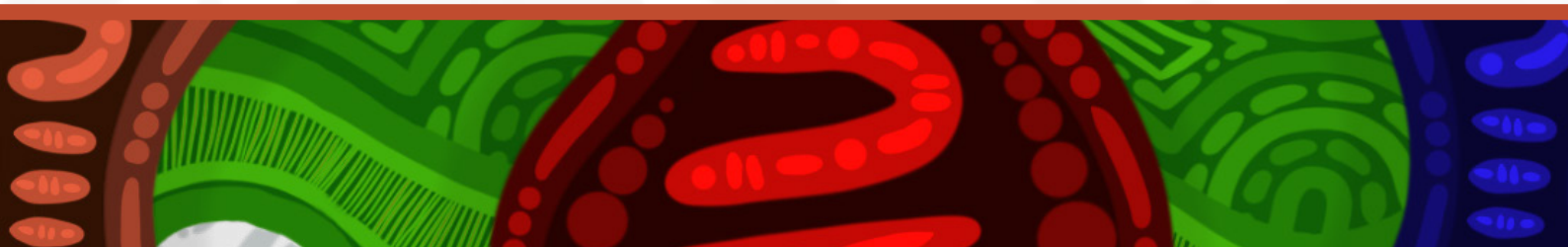
The project initially identified 10 domains of decolonising practice in APHC services which have been grouped in three areas:

- Staffing, governance and leadership
- Cultural safety of services
- Taking action for change.

It highlights key strategies used by APHC services in decolonising, including through:

- Pushback on harmful government practices
- Addressing the inequities resulting from colonisation
- Embedding culturally safe ways of working
- Integrating First Nations knowledges
- Advocating for funding.

The report advocates and provides an evidence-base for wider implementation of decolonising practices across health policy and service delivery, and outlines ways to overcome obstacles during the ongoing process. This requires the consideration and implementation of a more holistic approach towards health and health service delivery. Health is a holistic concept that includes the physical, social, emotional, cultural, spiritual and ecological wellbeing of an individual and their community.



In the Northern Territory, the Danila Dilba Health Service provides comprehensive primary health care, including at-home nursing services in Darwin, to Aboriginal and Torres Strait Islander mums. They also provide nursing services to non-Indigenous mums who have Aboriginal and/or Torres Strait Islander children. The Danila Dilba Health Service aims to recognise and value the cultural knowledge and wisdom of Aboriginal family support workers, alongside the expertise of child health nurses and midwives, as they work closely with families to build relationships and healthy partnerships.

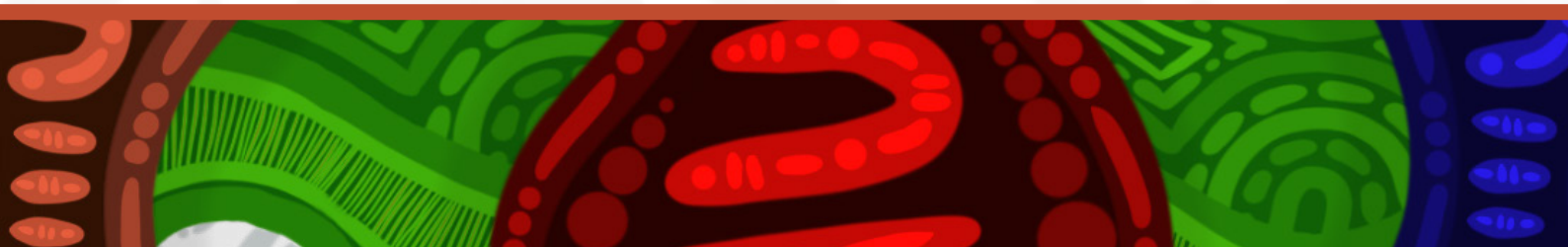
Also in the Northern Territory, the Central Australian Aboriginal Congress provides primary health care services to Aboriginal and Torres Strait Islander people living in Alice Springs and remote communities. The service also engages in strong political advocacy on key health issues, including addressing and preventing harm from alcohol use.

In New South Wales, the Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation is led by Aboriginal and Torres Strait Islander women and is responsive to community needs. It offers strength-based, decolonised, culturally safe health services to Aboriginal women and their families. Aboriginal and Torres Strait Islander women can feel safe and know that they are acknowledged as having ownership and control of their lives when engaging with the organisation.

In South Australia, at the Southern Adelaide Local Health Network, staff in the Aboriginal Family Clinic work as holistically as they can under the current model of care, supporting patients with issues such as finding suitable housing. The service also hosts a community development initiative, Nunga lunches, which provides healthy meals to Aboriginal and Torres Strait Islander community members. The initiative also creates an opportunity to socially interact with other community members and to engage with other health services.

In Queensland, the Inala Indigenous Health Service provides a range of medical and clinical services to Aboriginal and Torres Strait Islander people. The service is working towards decolonisation through providing cultural safety and a sense of belonging to Aboriginal and Torres Strait Islander people. The service offers yarning spaces and internal support networks to assist patients with navigating challenges such as food insecurity and housing issues.

** All quotes in this report are from Aboriginal participants unless otherwise noted.*

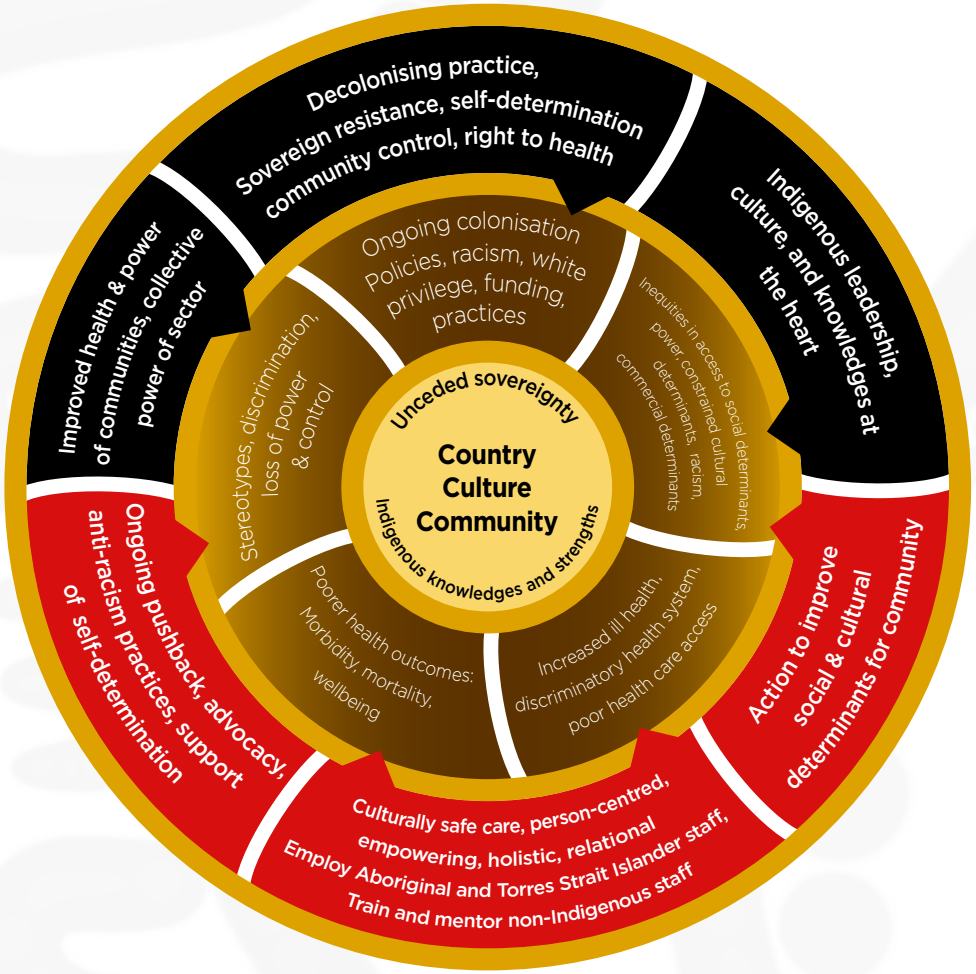


Framework for Decolonising Practice

The framework for decolonising practice below was developed by the research team in collaboration with the partner services. It captures how Country, culture, and community sit at the heart of decolonising practice.

The inner ring illustrates the vicious cycle of ongoing colonisation that leads to power inequities, a discriminatory health system, and poor health outcomes, and loss of power and control for Aboriginal and Torres Strait Islander practice.

The outer ring documents the reinforcing cycle of decolonising practice strategies that primary health care services can use to counter these negative effects, strengthen connection to Country, culture, and community, pushback against ongoing colonisation, and pursue self-determination and sovereign resistance. These strategies are further explored in this report, with examples from the partner services.



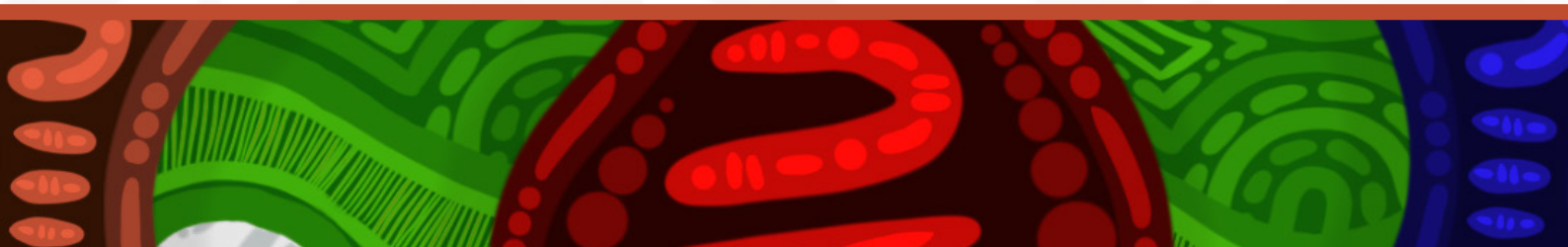
A framework for decolonising practice in Aboriginal primary health care services

Aboriginal primary health care leads resistance against colonisation

Colonisation is recognised as the dominant contributor towards the health inequities suffered by First Nations Peoples in Australia and in other colonised parts of the world. Colonisation is the application of racist ideologies that create systems designed to oppress First Nations Peoples. This has created power imbalances within mainstream health services and in the development and implementation of health policies. The exclusion of First Nations voices and perspectives in health policy and health services has led to a culturally unsafe and racist health system. This is detrimental to the health of First Nations people and contributes to inequitable health outcomes.

Since their inception, ACCHOs in Australia have led responses to the harms caused by colonisation and its subsequent systems of oppression. This includes the provision of health services in a culturally safe environment that is welcoming and accessible. These critical requirements are implemented and overseen by workers who are predominantly Aboriginal and Torres Strait Islander people. The overwhelming success of APHC services – especially ACCHOs – is well evidenced and documented. This success became even more clear during the acute phase of the COVID-19 pandemic, when APHC services kept Aboriginal and Torres Strait Islander people and their communities safe from the virus. To redress the harms caused by the current health system, decolonisation must be undertaken through the leadership and guidance of Aboriginal and Torres Strait Islander people.

> *“We decolonise, not because it’s a catchphrase of the decade but it’s actually about getting the best outcomes for our people. We know that culture has always been a determinant [of Aboriginal and Torres Strait Islander health] and we’re using our own sense of franchise to say that culture as a determinant is important and has been around and is still with us and hasn’t gone.”*
>
> **Participant working in State/Territory government**



Acknowledging history

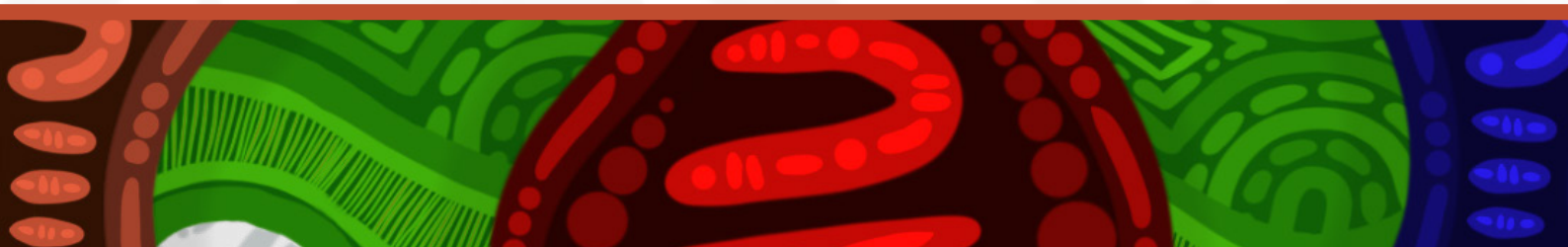
For Aboriginal and Torres Strait Islander Peoples, health encompasses all of one's being, including intrinsic connection to Country and its environment. Since colonisation, Aboriginal and Torres Strait Islander people have not had equitable access to justice and basic human rights including good clinical health care. Prior to colonisation, Aboriginal and Torres Strait Islander people freely exercised self-determination through cultural, social and spiritual practices that supported health and wellbeing and practices of collective decision making, and women and men's lores.

The rejection of the 2023 referendum to establish a Constitutionally enshrined Aboriginal and Torres Strait Islander Voice was met with deep disappointment by many Aboriginal and Torres Strait Islander people. Australian governments must now work with Aboriginal and Torres Strait Islander leaders and community members to address the current policies that are not working. Changes must be made to decolonise mainstream health services and health policy making processes to support Aboriginal and Torres Strait Islander peoples' health and wellbeing.

Colonisation and racism are recognised as dominant contributors to the ongoing health inequities of Aboriginal and Torres Strait Islander Peoples in Australia and in other colonised parts of the world. Colonisation is underpinned by racist ideologies that recreate systems designed to oppress, subjugate and incarcerate Aboriginal and Torres Strait Islander Peoples. This maintains the authority of power imbalances within mainstream health services and other government agencies during the drafting of policies affecting health, perpetuating health and social inequities.

The exclusion of Aboriginal and Torres Strait Islander voices and perspectives in health policy and health services has led to a culturally unsafe and racist health system. This is detrimental to the health of Aboriginal and Torres Strait Islander people and contributes to inequitable health outcomes. The failure of mainstream health services to meet the health care needs of Aboriginal and Torres Strait Islander people is what led to the formation of Aboriginal Community Controlled Health Organisations (ACCHOs) in the early 1970s.

Some of the mainstream health service failures that are impacting the lives of Aboriginal and Torres Strait Islander people include institutional and interpersonal racism, absence of cultural safety and service accessibility issues. ACCHOs are community-controlled organisations that have established processes in which the Aboriginal and Torres Strait Islander community can be involved in issues impacting them and their communities and determine appropriate approaches towards addressing these issues.

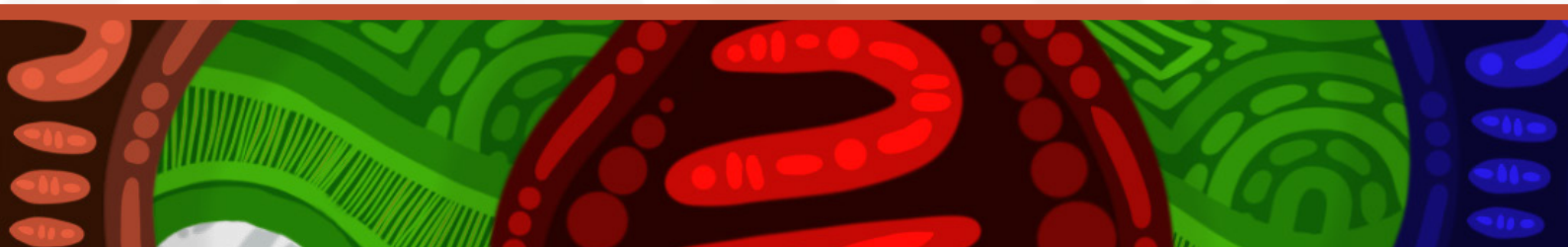


More than 140 ACCHOs are based across all Australian states and territories. The national peak body for all ACCHOs is the National Aboriginal Community Controlled Health Organisation (NACCHO). ACCHOs are established and operated by Aboriginal and Torres Strait Islander communities to deliver culturally appropriate, holistic and comprehensive health care to their local communities. Through community-led approaches, ACCHOs demonstrate the ongoing strength and resilience of communities in their battle for self-determination in Aboriginal and Torres Strait Islander health care.

State government APHC services implement some of the elements of ACCHOs to improve health outcomes for Aboriginal and Torres Strait Islander people, but from within the mainstream public health care system. APHCs were opened to provide more culturally appropriate health care within the mainstream system to Aboriginal and Torres Strait Islander people. There are important differences between ACCHOs and state operated APHC in terms of funding, grassroots origins, degree of community control and self-determination, capacity to implement a comprehensive model of primary health care, and scope for advocacy and action outside the health system. Both models are legitimate and important to the improvement of health of Aboriginal and Torres Strait Islander people, but they are not the same.

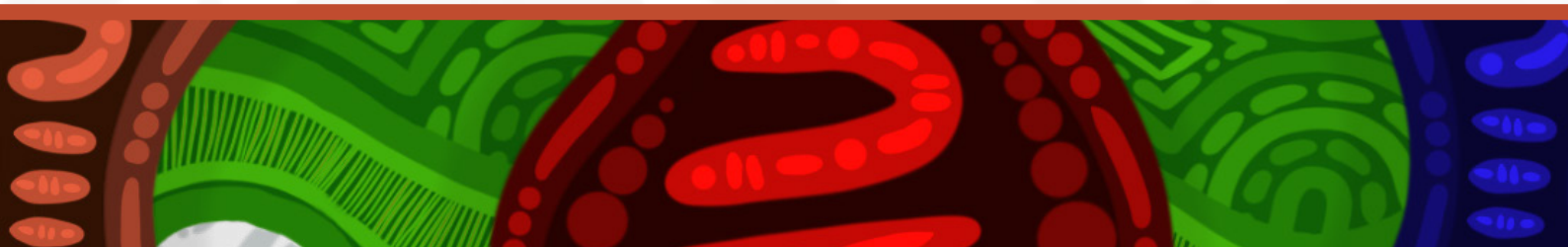
APHC services embed ways of working with Aboriginal and Torres Strait Islander people with primary health care solutions. The ways of working have been identified through consideration of the ongoing harms colonisation has inflicted upon First Nations people. APHC strategies for addressing these harms include delivering health services in a culturally safe environment by First Nations staff and non-Indigenous staff.

APHC services in Australia, particularly ACCHOs, have forged community-led responses to the harms caused by colonisation and its subsequent systems of oppression by providing health services in a culturally safe environment that are welcoming and accessible. The overwhelming success of APHC services is well evidenced and documented.



Key research terms

Term	Definition
Colonisation	The arrival of Captain James Cook in 1770 at Botany Bay, home of the Eora people, marked the beginning of colonisation and the efforts of the British to gain control over the lands and waters. This was enabled by the doctrine of 'terra nullius,' which was given by Cook upon his arrival, meaning 'land belonging to nobody.' This has been proven to be a myth as the lands were in fact occupied by Aboriginal and Torres Strait Islander people. Colonisation has continued to influence sectors and systems of power through racist perspectives which has resulted in the oppression of Aboriginal and Torres Strait Islander people not only within the health care system, but across all sectors, systems and spheres. Decolonisation is needed to address the harms caused by colonisation on Aboriginal and Torres Strait Islander people.
Decolonising	Decolonising health care practices are the ways of working that eliminate colonial approaches to health, so that Aboriginal and Torres Strait Islander people can not only survive but thrive. This means transforming the policies, processes and practices that influenced health in the past, and which are still present today. Decolonising practice is led by Aboriginal and Torres Strait Islander ways of knowing, being and doing, it breaks down systematic racism, challenges power imbalances in all structures formed by society, acknowledges and addresses white privilege and is strengths-based.
Comprehensive Primary Health Care (CPHC)	CPHC acknowledges the socio-cultural and political characteristics of the community. It adopts a holistic, social view of health and provides universal health care and equity in health care access and outcomes. Primary health care within Australia is selective and focuses primarily on clinical services and not the ambitions of CPHC. The CPHC approach to health care ensures a continuum of care including treatment, rehabilitation, prevention, and health promotion using multi-disciplinary teams. CPHC recognises and supports community participation in decision making and empowers individuals and communities. It uses intersectoral action and advocacy to address the impact of social determinants of health, including education, income, housing, transport, employment and racism. Social determinants also concern structural factors including the distribution of power, wealth and influence in a society.
Aboriginal Primary Health Care (APHC)	APHC services implement decolonising strategies to improve health and health care. They include Aboriginal Community Controlled Organisations (ACCHOs) and state government managed services that are delivered in a culturally safe environment by both Aboriginal and Torres Strait Islander and non-Indigenous staff. Both models are important to the improvement of health of Aboriginal and Torres Strait Islander people, but they are not the same.



Term	Definition
Aboriginal Community Controlled Health Organisation (ACCHO)	An ACCHO is a primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management. ACCHOs understand the position and role they play in supporting their local Aboriginal Torres Strait Islander communities to live better lives. The ACCHO approach has evolved out of an inherited responsibility to provide flexible and responsive services that are tailored to the needs of local Aboriginal and Torres Strait Islander communities. ACCHOs provide many services over and above their funded activities to ensure their community members gain the services they need. In line with their holistic health approach, ACCHOS support the social, emotional, physical and cultural wellbeing of Aboriginal and Torres Strait Islander peoples, families and communities. (Definition from NACCHO).
Social determinants of health	The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. They have an important influence on health inequities – the unfair and avoidable differences in health status seen within and between countries. In countries at all levels of income, health and illness follow a social gradient: the lower the socioeconomic position, the worse the health. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector. Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. (Definition from World Health Organization).
Cultural determinants of health	For Aboriginal and Torres Strait Islander people, cultural determinants of health include connection to Country, kinship, land and culture. These determinants are essential elements towards building Aboriginal and Torres Strait Islander peoples' resilience and resistance against colonisation and improving health and wellbeing outcomes.

How the sector works on decolonising

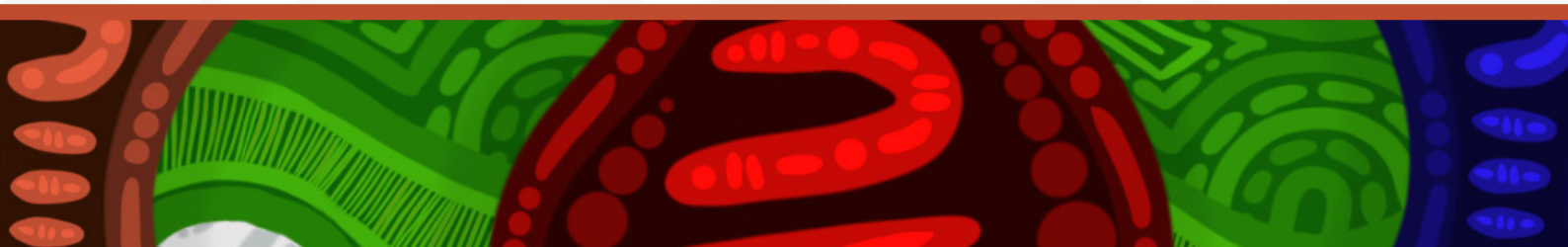
APHC services play a key role in supporting the health of their communities, including – in the case of ACCHOs – advocating within the broader political and policy landscape in the face of ongoing colonisation. Their work has not always been properly recognised or appreciated by health care policy makers and service funders. Gary Foley has documented the history of Aboriginal and Torres Strait Islander people's resistance against colonisation within his papers 'A Short History of the Australian Indigenous Resistance 1950 – 1990' and 'Black Power in Redfern 1968 – 1972.'

> *"I suppose where I've probably seen decolonisation work the most ... is in the Aboriginal Community-Controlled Health sector... true decolonisation happens when we have alternative systems, systems that aren't created by non-Indigenous people."*
>
> **Research participant**

Below are some key strategies for decolonisation that are used by APHC services. Some strategies are particularly relevant for ACCHOs, given their community governance and independence from government. These strategies have been documented through the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project's research.

Pushback on harmful government practices

Community controlled services, being more independent of government, are able to push back against harmful government practices in the health sector and other sectors. Government health practice models are the manifestation of ongoing colonisation, representing a history of oppression that began with the introduction of missionaries and government legislation. They lack cultural competency and accessibility for Aboriginal and Torres Strait Islander people. This is due to the perpetuation of racist ideologies, along with the absence of Aboriginal and Torres Strait Islander governance and participation when implementing health policies. Other sectors outside of health have also been impacted by the government's lack of cultural competency. For example, the Central Australian Aboriginal Congress' ongoing advocacy around alcohol policy and justice policy, which includes the 2022 lapse of the Stronger Futures legislation which saw an increase in the availability of alcohol. And in 2021, the Northern Territory Bail Act, which led to an increase in the number of young Aboriginal and Torres Strait Islander people being incarcerated.



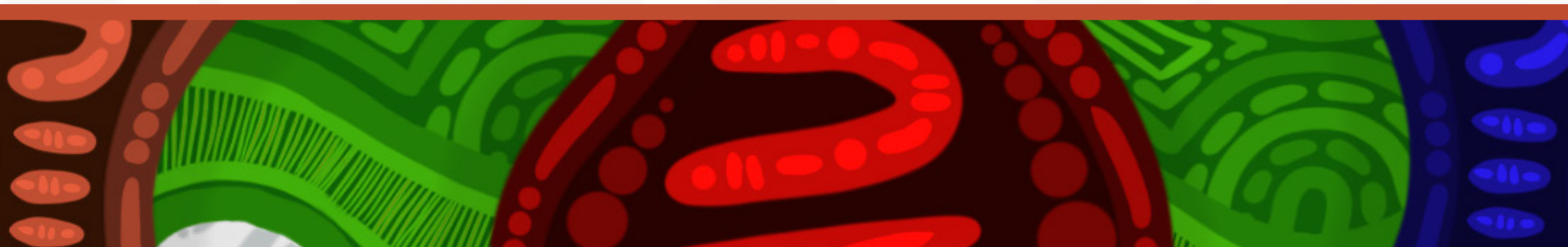
Address the inequities resulting from colonisation

The actions resulting from colonisation have affected relations between the Aboriginal and Torres Strait Islander community and Australian governments. Colonisation introduced a dominance of western culture and inequalities, which led to unequal balances of power, wealth, social status and income between Aboriginal and Torres Strait Islander people and non-Indigenous people. This has negatively impacted the social and cultural determinants of health for Aboriginal and Torres Strait Islander people. Past government policies, such as the removal of Aboriginal and Torres Strait Islander children from their families, often took place in a health care setting. This has left community members and their families in fear of their safety when accessing health services. Other factors, including experiencing racism when accessing health care services and insufficient Aboriginal and Torres Strait Islander representation in the health care workforce, can also increase patient fear and mistrust. This is where the establishment and growth of the ACCHO sector has been fundamental in addressing inequities such as these in order to improve health outcomes for Aboriginal and Torres Strait Islander people.

Embedding culturally safe ways of working

APHC service delivery models ensure the delivery of culturally appropriate care through a workforce which is made up of Aboriginal and Torres Strait Islander people, and by enabling community participation. This approach to the delivery of health services supports and embeds Aboriginal and Torres Strait Islander self-determination and empowerment, and embeds culturally safe ways of working through Aboriginal and Torres Strait Islander leadership. APHC services acknowledge and uphold the social and cultural determinants of health and this is what sets them apart from mainstream services. APHC services deliver cultural safety training within their organisations so that non-Indigenous staff can learn about Aboriginal and Torres Strait Islander cultures and the historical and ongoing impacts of colonisation. This helps maintain a culturally safe workforce which is equipped to offer the additional and culturally appropriate support required by Aboriginal and Torres Strait Islander patients.

> *“The fact that with the transgenerational trauma that occurred with our people, our people were very frightened to come into health services. And that’s the whole reason why setting up an Aboriginal and Torres Strait Islander health service was so that you’d have Aboriginal and Torres Strait Islander staff in there where our people would feel safe and go to the doctors.”*
>
> **Inala community workshop participant**



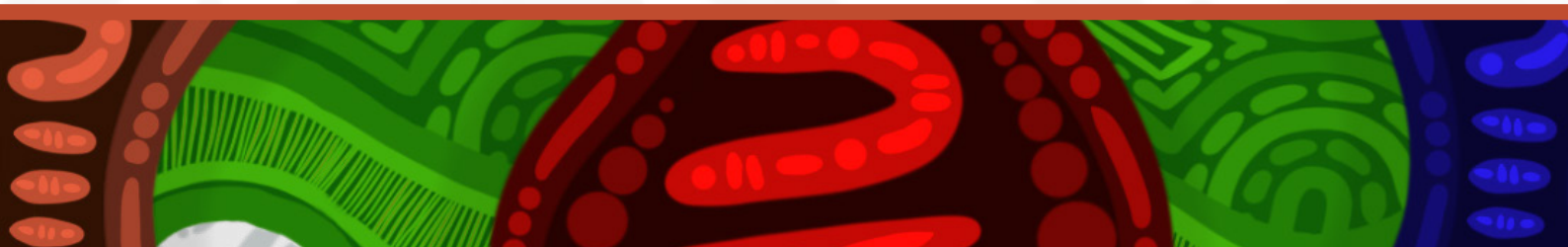
Integrating Indigenous knowledges

APHC services have an understanding of Aboriginal and Torres Strait Islander ways of working through acknowledging and strengthening cultural knowledge, identity and integrity. The inclusion of Aboriginal and Torres Strait Islander knowledges within health practices supports better health outcomes for Aboriginal and Torres Strait Islander people. The recognition of Aboriginal and Torres Strait Islander knowledges within health care settings reduces the risk of there being misunderstandings or confusion between health care workers and patients. It leads to the adoption of a holistic approach towards health care which considers the social and cultural determinants of health. These determinants are critical to appropriately addressing and treating Aboriginal and Torres Strait Islander health issues. It also supports the establishment of a welcoming health care environment that is culturally safe, and one that recognises the sovereignty and self-determination rights of Aboriginal and Torres Strait Islander people.

> *"80 per cent or more of the staff that work here are Koori, which means that every planning day, every meeting, every consultation, they should be and are the dominant voices in that space. Koori ways of knowing, being and doing are central because it is coming from the staff, it's coming from everybody. And when non-Indigenous people speak to that, they can collaborate... there's also the cultural community as well, which they have to vet pretty much everything that happens in terms of culture... they help to monitor and centre Indigenous ways of knowing, being and doing."*
>
> **Waminda non-Indigenous practitioner**

Advocating for funding

ACCHOs advocate for funding not only for their own service, but to strengthen the APHC sector. This includes advocating for funding that comprises more appropriate reporting requirements, enables sovereign resistance and strengthens community control. APHC services have valuable knowledge and information on what is best practice when it comes to the delivery of health care to Aboriginal and Torres Strait Islander people. More broadly, APHCs have the answers to the best approaches and actions required towards Closing the Gap.



“The Northern Territory government is responsible for the recurrent money of running the clinics, and they have to transition that across. What Congress did… which hasn’t been done in the past, but they want to use this as the sort of gold standard way of doing transition now going forward, is that all the money story is sorted out… so we got that all signed, sealed and delivered, and included that in our business case to the Northern Territory Aboriginal Health Forum…. the Commonwealth then fund the transition.”

Congress manager

How Aboriginal Primary Health Care Services decolonise

The rationale for decolonising ways of working in response to elements of ongoing colonisation are summarised in the table below.

Colonisation	Aboriginal Primary Health Care →	Outcome
Interpersonal, institutional and structural racism.	Engage in anti-racist education with other services, agencies and society.	Reduced impacts of racism, better service access and quality services.
Inequities in social determinants of health, for example: housing or food security.	Take action at community and policy level on social determinants of health.	Improve social determinants of health for community.
Harmful practices by government services.	Advocate and push back to improve government services.	Improve outcomes in other sectors on social determinants of health and reduce inequities in access to social determinants.
Inequities in funding arrangements.	Advocate for APHC funding.	Funding that allows self-determination.
Denial of ongoing sovereignty, reduced community control and agency.	ACCHOs are community controlled and APHC services support community capacity by listening and responding to the local community.	Communities with more voice and agency to protect their own health that have stronger sovereign resistance to colonisation.

Stories from the sector

Workforce matters: practitioners from Southern Adelaide Local Health Network

The Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project team partnered with the following Aboriginal and Torres Strait Islander health services to establish the project's research findings.

Central Australian Aboriginal Congress Aboriginal Corporation (NT)

Central Australian Aboriginal Congress's (Congress) name was modelled on the Congress Party of Mahatma Gandhi. Its first service was a tent program which provided accommodation to town campers. Its initial aim, when it was established in 1973, was to be a voice for Aboriginal people of Central Australia regarding all matters that concerned them. Since the establishment of Congress's first Aboriginal medical centre in 1975, Congress has supported Aboriginal and Torres Strait Islander people fighting for justice by providing a comprehensive model of primary health care. Today, Congress is one of the largest Aboriginal community-controlled health organisations in Australia providing services to Aboriginal and Torres Strait Islander people living in Alice Springs or in the nearby remote communities of Amoonguna, Ntaria (and Wallace Rockhole), Ltyentye Apurte (Santa Teresa), Utju (Areyonga), Imanpa, Yulara and Mutitjulu. Congress is a strong political advocate for closing the gap on Aboriginal and Torres Strait Islander health disadvantage and improving health outcomes for all Aboriginal and Torres Strait Islander people.

Some of the historical advocacy work undertaken by Congress includes:

1977	Congress called for an enquiry into relations between police and Aboriginal Peoples.
1984	Congress staff protested outside Department of Aboriginal Affairs in a carpark because of lack of resources to continue the medical service.
1987	Alukura Women's Health Service pilot program commences on women's health. A council is established with members from town and bush.
1991	Alukura Women's Health Service is endorsed as a model of providing a supportive environment for health at the World Health Organisation (WHO) conference in Sweden.
1994	Aboriginal Medical Services Alliance Northern Territory (federation of Aboriginal community-controlled health services) established.
1997	Congress as a core founding member establishes the Cooperative Research Centre for Aboriginal and Tropical Health (Congress, 2022).

Within the case study, Congress not only focuses on the harmful supply of alcohol as a key commercial determinant of health, but also on addressing the demand for alcohol. This dual approach involves targeting the root causes that drive alcohol consumption, such as social, cultural, and economic factors, while also working to reduce the availability and marketing practices that promote excessive alcohol use. By tackling both supply and demand, Congress aims to create a comprehensive strategy that mitigates alcohol-related harm and supports healthier community outcomes.

> *“[Congress and the People’s Alcohol Action Coalition] have successfully been able to undermine the power of the alcohol industry in a way that has helped to decolonise the way in which alcohol was devastating Aboriginal communities.”*

Congress non-Indigenous manager

Congress meets with politicians and policy makers to advocate for better health outcomes for all Aboriginal and Torres Strait Islander people. This meeting with Prime Minister Anthony Albanese and other political leaders took place in January, 2023.

Case Study: Addressing and preventing alcohol-related harm

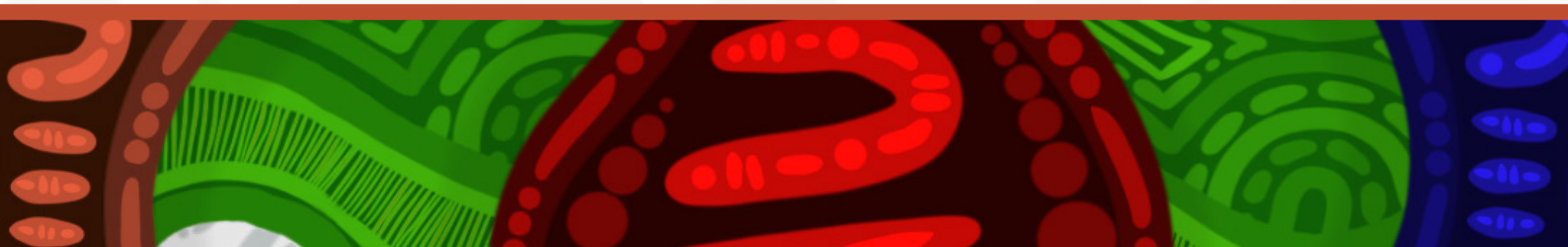
Congress has always been a strong activist for addressing and preventing harm from alcohol use within communities in Alice Springs and across Central Australia. Led by their community-elected Board, Congress recognises that to be successful in the prevention and treatment of alcohol harm, the supply of alcohol within communities needs to be addressed. While governments have frequently resisted Congress' evidence-based advocacy, there have been a number of significant successes including the package of alcohol reforms introduced by the Northern Territory government between 2017 and 2019.

Some of these alcohol reforms included:

2018	Police Auxiliary Liquor Inspectors (PALIs) at bottle shops in Alice Springs.
2018	Minimum Unit Price of $1.30 per standard drink to prevent the sale of cheap and dangerous alcohol.
2017	Banned Drinkers Register (BDR) to reduce access to take-away alcohol by problem drinkers.
2019	New Liquor Act that included risk-based licencing and greater monitoring of on-licence drinking (Clifford et al., 2021).

> *"Congress still has that strong voice... and we have to keep Aboriginal health in Aboriginal hands."*
>
> **Congress staff member**

These reforms reduced alcohol related harms, with reductions in domestic violence, alcohol-related assaults and alcohol-related emergency department presentations. In response, Congress intensified its advocacy, making it clear that there was no place for violence in Aboriginal culture. In January 2023, the Prime Minister Anthony Albanese and members of his Cabinet met with the then Northern Territory Chief Minister Natasha Fyles as well as Board Members and senior staff of Congress. Following the meeting, the Northern Territory government announced significant reforms to the availability of take away alcohol in Alice Springs including two alcohol-free days per week. Legislation followed in February 2023, under which Aboriginal and Torres Strait Islander town camps and communities remained 'dry' zones pending decisions by those communities to



opt-out of the regulations and develop Community Alcohol Plans (Alcohol in communities guide, 2023).

These alcohol regulations have led to significant health benefits, with a 26 per cent reduction in alcohol sales and consumption. There has also been a 25 per cent decrease in the number of alcohol-related presentations at Alice Springs hospital emergency department. In the months after the regulations were introduced, domestic and family violence reduced by 41 per cent and has further reduced by another 5 per cent since then (Congress, 2024).

Congress continues to advocate for the significant resources required to address the underlying drivers of alcohol abuse and other addictions. However, Congress has faced conflict and criticism from the alcohol industry, the media, some politicians and even members of the Aboriginal community. Not all Aboriginal and Torres Strait Islander people agree on approaches to issues impacting their communities. However, Congress and its Board of Directors believe that these alcohol restrictions are critical to enable self-determination of Aboriginal and Torres Strait Islander people in the Northern Territory.

Disposing of alcohol. The story behind this photo is that Congress acquired a shop next to the Gap Road clinic. The store had a licence to sell takeaway alcohol, which was disruptive to clients coming to the clinic and in conflict with health promotion. After Congress bought the shop in 1990, Congress tipped the alcohol out in the street, handed back the take away licence to the government, and ran the shop as a mini mart selling healthy food.

Danila Dilba Health Service (NT)

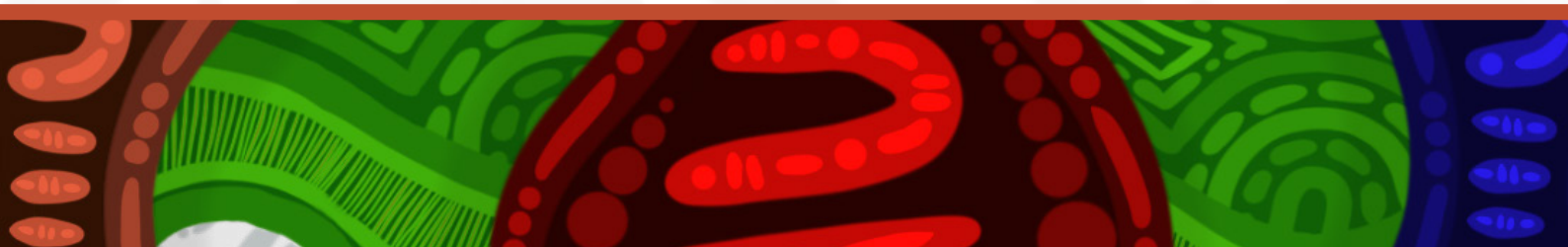
Danila Dilba Health Service is Darwin's only Aboriginal community-controlled organisation. The organisation is a member of the peak body, the Aboriginal Medical Services Alliance Northern Territory. The service provides culturally appropriate primary health care and community health programs to Aboriginal and Torres Strait Islander people in the Yilli Rreung (greater Darwin) region. Danila Dilba Health Service is led by its vision for Aboriginal and Torres Strait Islander Peoples to live in a society in which their health, wellbeing and quality of life is equal to that of non-Indigenous Australians.

Case Study: Australian Family Partnership Program (AFPP)

Danila Dilba Health Service provides at-home nursing services to Aboriginal and Torres Strait Islander mums and non-Indigenous mums who have Aboriginal and/or Torres Strait Islander children. The service is part of the Federal Government funded Australian Family Partnership Program (AFPP), which is an evidenced based program that was originally developed in the United States (Australian Nurse-Family Partnership Program, 2013). In 2008, the program was adapted within Australia in an effort to provide more culturally appropriate nursing services to Aboriginal and Torres Strait Islander families (Australian Nurse-Family Partnership Program, 2013).

The program supports mothers and children from pregnancy (16 weeks) and into the first two years of parenting. The Danila Dilba team regularly conduct home visits, accompany clients to antenatal and obstetric appointments, provide social support and assist families with engaging other services related to areas such as income or housing.

Health workers deliver services through the embedding of cultural knowledge and by working closely with families to build relationships and understand the way they live culturally. The Danila Dilba team treats their clients with respect and are non-judgmental. It is through this respect towards mothers and their families that trust is built, and strong relationships are formed. This supports mothers to become more confident towards addressing any issues they are facing. As the program progresses, Danila Dilba staff have reported that conversations with clients have shifted from general queries relating to caring for their children to the planning of their futures.



“ ...the first 18 months was about ‘why is the baby crying?’ and teething, all those baby things, then they kind of get it and it’s like I’ve had three of my clients say to me ‘this year it’s about me’. Great choice, good move, encourage that. Because they’re thinking big, they’re thinking nursing, they’re thinking biodiversity degrees and all sorts of things like that, and I’m going ‘yep, I knew that was your area’.”

Danila Dilba Family Partnership worker

As an Aboriginal-led organisation, Danila Dilba puts a holistic focus on the health and wellbeing of their clients. Many staff members working for Danila Dilba have been through similar experiences and challenges to their clients, which has provided them with the knowledge and understanding of the most effective ways of working with clients and their families. While mainstream health services don’t usually follow up with clients who have missed an appointment, Danila Dilba offers extra services to address any difficulties its clients are facing. This can include providing additional support by travelling out to visit clients at their homes, transporting clients to appointments or organising their clients access to social workers for social and emotional wellbeing support.

Building strong relationships early

The at-home nursing services delivered by Danila Dilba implement decolonisation through the strengthening of the social and cultural determinants of health which are embedded within the delivery of the program. The staff at Danila Dilba understand the harms caused by colonisation and Aboriginal and Torres Strait Islander peoples' experiences of trauma through the healthcare system. It is through this understanding and experience that they are able to address the harms and work towards strengthening health outcomes for the next generation. Their approach towards supporting clients and their needs centres around respecting their client's rights to self-determination by viewing them as the experts of their own lives, their health and cultural abilities.

> *"In my work, it's knowing that people are the experts of their own life. So, actively listening to what's going to work for them, and their past really impacts. It's no point in me saying, 'You do this and this', when it's not realistic. Because what might be realistic for me is not realistic for someone else."*
>
> **Danila Dilba Family Partnership worker**

A Danila Dilba nurse practitioner provides youth health checks

Inala Indigenous Health Service (QLD)

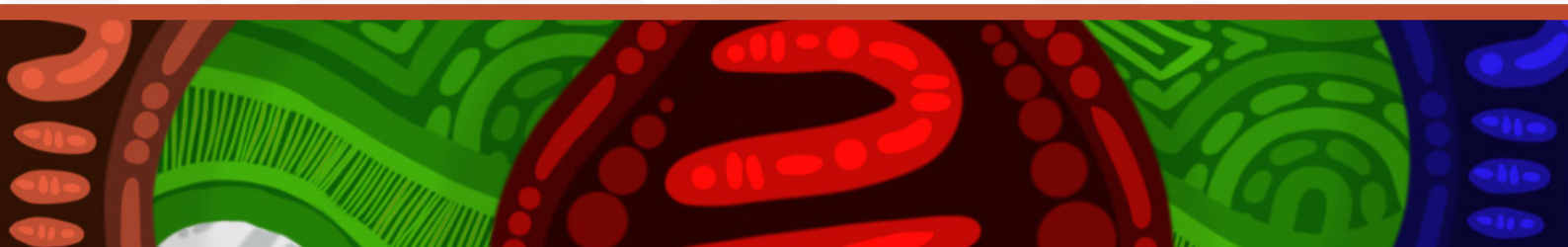
Inala Indigenous Health Service, also known as the Southern Queensland Centre of Excellence in Aboriginal and Torres Strait Islander Primary Health Care, was set up in 1995. It is a Queensland Health clinic which is based in Brisbane and operated by government and provides a range of primary health care services to Aboriginal and Torres Strait Islander people. Wakka Wakka and Kalkadoon man Dr Noel Hayman manages the clinic, previously working alongside Ghungalu nurse Nola White (now retired). The clinic services around 6000 patients and is staffed by GPs, nurses, allied health and Aboriginal and Torres Strait Islander health workers, and visiting medical specialists. It also provides community health-related material and has a research team that is dedicated to finding and publishing evidence about how to improve patient health.

Case study: Chronic conditions

Staff at Inala Indigenous Health Service have created a health service that is working towards decolonisation through providing cultural safety and a sense of belonging to Aboriginal and Torres Strait Islander people. During one of the community forums held by the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project, community members emphasised that cultural safety was essential so that Aboriginal and Torres Strait Islander people felt safe to see the doctor.

Being directly responsible to Queensland Health does present some challenges for Inala staff. These include constraints on the extent of services staff can provide to their local community and when acting on the social determinants of a person's health, which included providing food vouchers and transport. Staff shared an example of a barrier where, under a particular Queensland Health policy, they were not allowed to transport clients. This has forced staff to come up with appropriate and effective solutions to support client needs.

> *"[It] just breaks down the barriers because people feel safe coming here, rather than going to a big mainstream hospital where it's overwhelming, transport's an issue, just navigating around a hospital in itself is really difficult. So why not bring the specialists out here and have a room for each specialist? [And] it breaks down so many barriers and it actually provides better care, holistic care for people."*
>
> **Inala staff member**



As reported during the other APHC case studies, funding was also an issue that affects Inala's operations and was an ongoing frustration for staff. Funding for some positions and services is short-term and once it ends, this disrupts Inala's ability to deliver ongoing services and make plans.

However, staff also noted that there were positives of not being community controlled, including greater privacy and confidentiality for clients. Being part of the government under Queensland Health has made it easier for staff at Inala to form relationships with other government staff at different hierarchy levels. Despite not being community controlled, community members demonstrated a sense of ownership over Inala during the project's community forum.

When community members attend Inala, they can come into a service that is all about health and wellbeing in a culturally safe setting. Inala offers its clients access to specialist appointments without having to travel to a mainstream hospital, where the environment can be overwhelming.

> *"[It] was good to go in because it's like you get treated different, you get treated better. They seem to be more concerned about your health. If you go to another medical centre, they won't always... they don't take your blood pressure, prick your finger and do this and do that, because I know non-Aboriginal people and I'll say, 'This happens at my clinic' and they said, 'Oh, no one does that at ours.' So, it seems that you're important to them, whereas if you're an Aboriginal person and go to somebody else or to a hospital you're not as important as a non-Aboriginal person."*
>
> **Inala client**

Other supports offered include yarning spaces and internal support networks to assist patients with navigating challenges such as food insecurity and housing issues. The staff at Inala work together as a team to ensure clients receive the care they need, and regularly engage with each other through yarning to identify any challenges and solutions related to the health care of individuals. At times this may include Aboriginal and Torres Strait Islander staff members conducting a home visit with specialists to ensure that clients receive any urgent care they require.

Inala's Aboriginal and Torres Strait Islander staff members play an important role in ensuring patients are appropriately cared for because they have the knowledge and lived experience to understand their needs. The approach to client health care is led by Aboriginal and Torres Strait Islander people which means internal hierarchies within Inala are different to mainstream health services.

Nurturing a sense of belonging through health care

“We’ve got a big role here to basically protect each person that comes in. Where when you’re in mainstream, you can’t protect them because you’re hidden, your voice is not heard. Where here, basically, we’re the voice of the people, we’re the one that protect them when they walk in, who they [are] protected by, Indigenous workers. In mainstream, doctors are higher than anyone else. But here, really, if you look at it, we’re higher than doctors, because we can overrule what doctors say. Overrule how they treat a patient.”

Inala staff member

Southern Adelaide Local Health Network (SALHN) (SA)

The Southern Adelaide Local Health Network (SALHN) provides health care for people in southern Adelaide, along with people from regional South Australia, the Northern Territory and New South Wales. The SALHN's health care facilities include the Flinders Medical Centre, Noarlunga Hospital, GP Plus Health Care Centres and Super Clinics, mental health services and sub-acute services including a repatriation site. A clinical division of Allied Health, Intermediate Care and Aboriginal Health is provided across SALHN's service areas, which include ambulatory, community and primary health services.

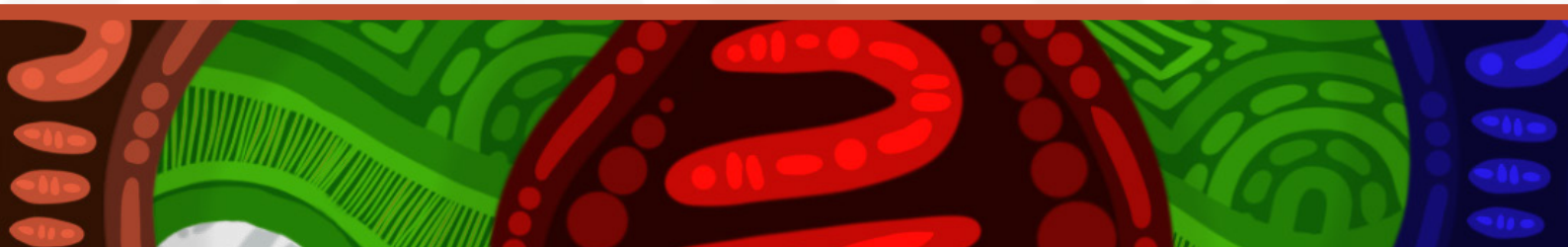
Case study: Chronic conditions

After ongoing advocacy for a culturally safe health service, the Aboriginal Family Clinic was established within SALHN to address the needs of the local community. However, the Aboriginal Family Clinic operates differently to an ACCHO as it is operated under the governance structure of a mainstream health service. This means that the SALHN's reporting, funding, and protocols determine the clinic's ways of working.

The mainstream decision making and broader governance structures are not always culturally safe or valuing of Aboriginal approaches to health and health care. This was especially the case when SALHN did not have an Aboriginal executive director. An Aboriginal manager working at the Aboriginal Family Clinic reported that it was very difficult to have a voice within the organisation.

> *"I've had six managers in seven years working here and probably only two of those had any background in Aboriginal health. Obviously, it was a big difference for me, working under people who knew what they were talking about, and then people who absolutely don't. When it turned over into the acute setting and an acute executive looking after Aboriginal health, that was even more difficult."*
>
> **Manager**

The Aboriginal Family Clinic staff work as holistically as they can under the current model of care, with one staff member sharing they believed the Aboriginal Family Clinic provided health care which was much more culturally safe than mainstream services. Staff reported social determinants of health arising from ongoing colonisation that affected the local community, including low



employment, social isolation, racism, discrimination, food and housing security, and lack of transport.

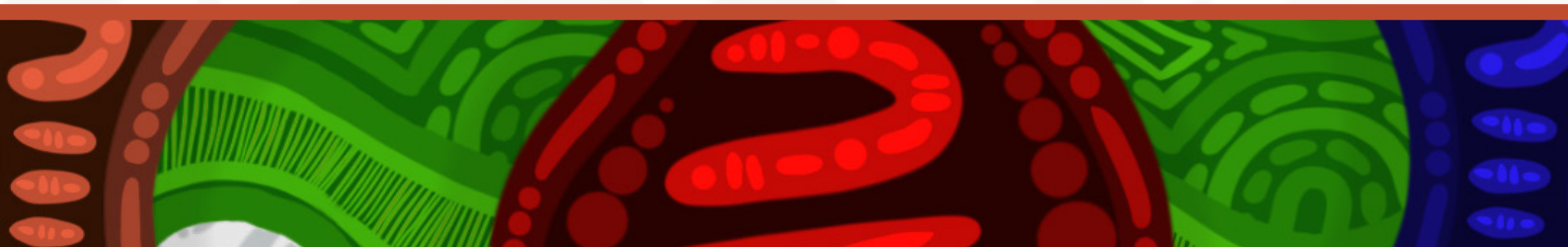
On any given day, the clinic's approach towards holistic care can include supporting patients with issues such as finding suitable housing. Addressing social determinants of health such as housing is necessary so that patients can focus on managing their health conditions. The Aboriginal Family Clinic also hosts a community development initiative, Nunga lunches, which provides healthy meals to Aboriginal and Torres Strait Islander community members while offering an opportunity to socially interact with other community members and engage with other health services.

Employing Aboriginal and Torres Strait Islander staff was seen as a critical element of ensuring the service is culturally safe. It is the knowledge and skills carried by Aboriginal and Torres Strait Islander people that is a key factor to delivering decolonised health care.

> *"...we'll do their weights, blood pressure, glucose and anything else that may come from them, may want to check their iron levels...normally we read over the notes just to see the last time they were here. Then we'll just see why they're there and why they're here, it might be just to review, it might be about high blood pressure, so you'd check that. Sitting and standing, just the normal basics. Just query questions and that. Most people you do know, so you have a bit of a yarn, what's happening?"*
>
> **Practitioner**

Because of their strong relationships with patients, Aboriginal and Torres Strait Islander practitioners and health workers have valuable insights into what is happening within the local community. They are also strongly committed to addressing racism through advocating for clients and working with mainstream systems to push for change. Their knowledge and understanding of the local community they work in is critical to decolonisation in health care.

Concerns about the SALHN service model's governance and management have continued to ignite internal advocacy for the inclusion of decolonising practices within the Aboriginal Family Clinic. While the research for the Decolonising Practice in Aboriginal and Torres Strait Islander project was underway, the SALHN Aboriginal Consumer and Community Advisory Group was implemented. This has improved avenues for Aboriginal and Torres Strait Islander community input into the service model. An Aboriginal staff member pointed out that it was critical to have a group of Aboriginal people sharing input rather than a single Aboriginal person's voice.



Staff at the Aboriginal Family Clinic, Clovelly Park, provide an holistic model of care

“You are not going to get an Aboriginal person sitting around here, thirty people in a room and having a voice. I’m suggesting you need a different group where it’s outside of here, where it’s all Aboriginal people to be able to feed them into this group.”

Staff member

Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation (NSW)

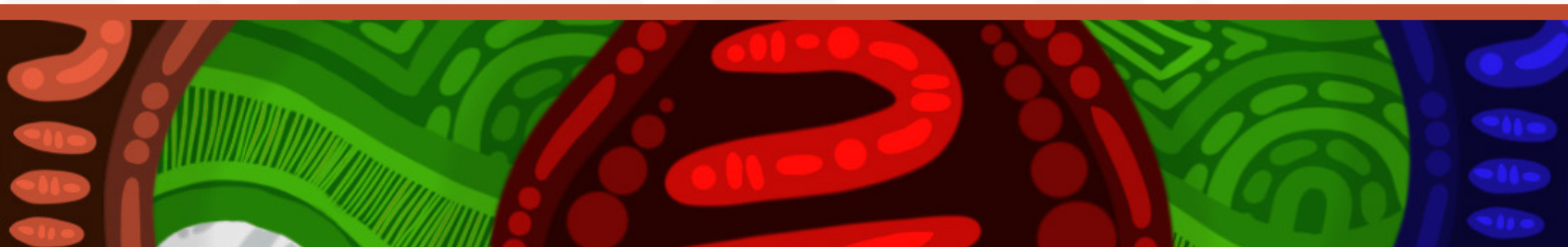
Waminda is an Aboriginal women-led community-controlled health organisation based on Koori Country in New South Wales. The organisation offers a strength-based, decolonising, culturally safe and holistic health service to Aboriginal and Torres Strait Islander women and their families. The organisation is a strong advocate of truth-telling about Australia's colonial history and dismantling colonial systems of oppression and racism through decolonisation. Waminda's model of care provides health and wellbeing support to women and their families across their lifespans.

Case study: Dead or Deadly program

Waminda's 'Dead or deadly' program is a holistic health program that empowers Aboriginal and Torres Strait Islander women to manage their health and wellbeing. The program offers free services and activities associated with maintaining good health and wellbeing, including lifestyle medicine, smoking cessation, weight wellness, exercise activities and yarning groups. Risk factors that can contribute to some of the leading causes of disease in Aboriginal and Torres Strait Islander people are targeted, including cardiovascular disease, chronic respiratory disease and diabetes.

A staff member at Waminda said cultural safety was at the centre of everything the organisation did because culture was the foundation of the organisation's model of care. Because of Waminda's decolonised approach, Aboriginal and Torres Strait Islander women feel safe and know that they are acknowledged as having ownership and being in control of their lives when engaging with the service. Cultural safety was highlighted as being especially important since there are many services and environments where Aboriginal and Torres Strait Islander women feel unsafe.

Waminda has a cultural committee, which ensures non-Koori people know their place and that they are put through the necessary cultural inductions and cultural immersions. Waminda has an Aboriginal shared leadership model which challenges the dominant colonial paradigm of a single CEO being at the head of the organisation. Instead, there is a strong team of 4 Aboriginal CEOs who work alongside each other, backed by the CFO and COO of the organisation. The Chief Executive Leadership team is also supported by a large and predominately Koori management team. This helps ensure the appropriate support and mentoring is provided to young staff who are joining the organisation, sometimes as their first job. Because of the supportive workplace environment offered at Waminda, staff are flourishing in their roles and staff turnover is extremely low.



Being a community-controlled organisation made up of predominantly Aboriginal and Torres Strait Islander women working for the service further supports the embedding of cultural safety. Staff have strong connections with one another and their clients and work together to maintain a culturally safe space. This safe space is available to clients throughout their engagement with other services, and Waminda staff refer to this practice as 'holding space.'

> *"It [Waminda] was really impressive. And also, not having to go, to here, there, there, there, and have completely different people. But then have a base where everybody is, so then they get to recognise your face when you come in. They actually understand your complete issues."*

Waminda community forum participant

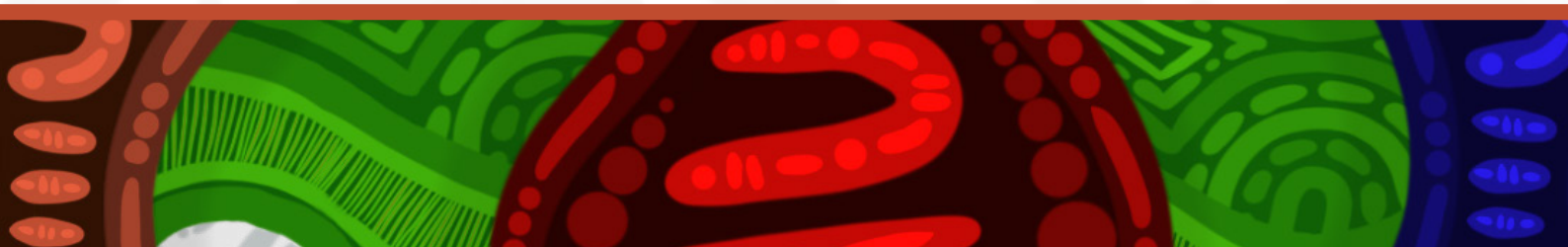
To maintain cultural safety within the organisation, providing a service to the local community that is judgement-free and confidential is key to obtaining community trust. Staff ensure they present clients with a welcoming environment and make them feel comfortable by taking the time to listen to them. It was noted that active listening does not require health care workers to have answers to all the challenges clients are facing. Ensuring clients feel as though they are being heard and understood by staff was what was most important.

Waminda embeds Aboriginal and Torres Strait Islander ways of knowing, being and doing throughout all of their service areas. This comes from the staff's understanding of how Aboriginal and Torres Strait Islander people are approaching life in contemporary westernised society.

> *"[Its] walking through a journey with our people, having community women driving the service; having our community board; having ceremony before we start workshops and start and ending in [a] circle; having our gatherings and listen to our communities, and putting it back into the communities, what the need is. All of that being led by the community. Listening and fighting back against the government wanting extra numbers for nothing."*

Waminda staff member

Self-determination, decolonisation and pushing back on systematic and institutional racism while addressing white privilege and white fragility is at the core of Waminda's model of care. This approach strengthens Waminda to achieve change as an organisation and reclaim space, language, land and sovereign rights.



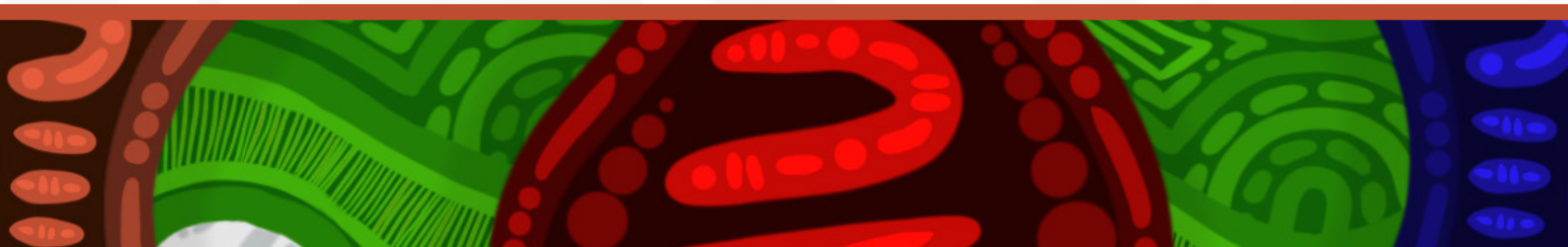
Inconsistencies in government funding have forced Waminda staff to come up with ways of continuing programs, to ensure services continue supporting the health of the Aboriginal and Torres Strait Islander community. Uncertainties in the funding environment also requires ongoing and consistent advocacy from staff and for staff to come up with strategic ways of communicating the need for services and providing the relevant evidence which supports their advocacy. Decolonisation of the health care sector will support the holistic and culture focused health models of community-controlled organisations such as Waminda. Decolonisation elevates Aboriginal and Torres Strait Islander Peoples' voices and abides by their ways of living being and doing, while also acknowledging the role of white privilege in creating hardships and barriers for Aboriginal and Torres Strait Islander people.

Sharing knowledge: Waminda leadership team present a workshop at Inala Indigenous Health Service

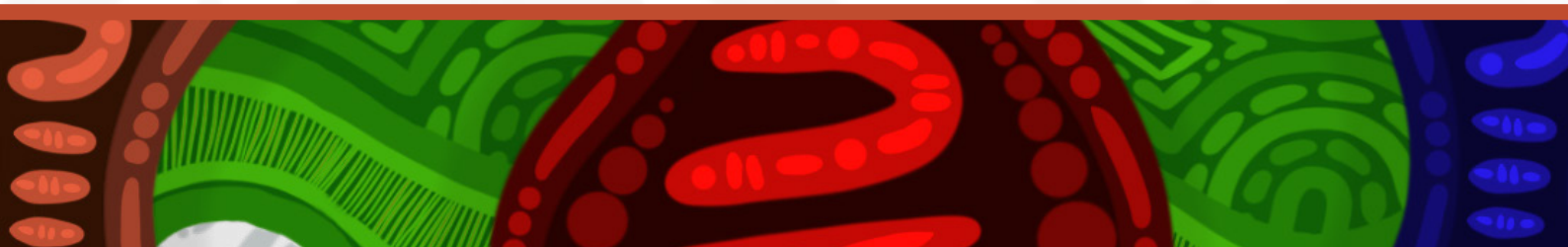
History of sovereign resistance through community led health care

This timeline provides a recent historical context of the efforts to decolonise health care and other events which impacted the sector, acknowledging the history over thousands of generations of providing care and healing.

1971	— Redfern Aboriginal Medical Service was established and becomes the first Aboriginal Community Controlled Health Organisation. — The Aboriginal Tent Embassy was erected in Canberra. — Following the 1967 Referendum, Aboriginal and Torres Strait Islander people were included in the 1971 census.
1973	— The Whitlam Government develops the first national 'Ten Year Plan for Aboriginal Health.'
1975	— The National Aboriginal and Islander Health Organisation (NAIHO) was formed. — The Racial Discrimination Act was implemented.
1977	— 10 Aboriginal Community Controlled Health Services were in operation.
1978	— The WHO Alma Ata Declaration on Primary Health Care and its community-controlled model is influenced by an Aboriginal delegation which attended the conference.
1979	— The social determinants of health are recognised as fundamental to improving health outcomes by the House of Representatives Standing Committee on Aboriginal Affairs' Report.
1987	— The Royal Commission into Aboriginal Deaths in Custody was established (report delivered in 1991).
1989	— An Aboriginal-led health working group drafted a National Aboriginal Health Strategy.
1990	— One main portfolio agency for Aboriginal and Torres Strait Islander policies and programs, the Aboriginal and Torres Strait Islander Commission (ATSIC), was established by the Hawke Government.
1992	— The National Aboriginal Community Controlled Health Organisation was established and replaced the NAIHO as the national peak body. — Eddie Mabo wins his High Court Native Title case. — Paul Keating gave a speech at Redfern and for the first time the Australian Government acknowledged the impacts of colonisation on its First Peoples.



1993	— The Native Title Act is implemented.
1997	— The Bringing Them Home Report on the Stolen Generations was published.
2005	— The Howard Government decommissioned ATSIC and set up the Office of Indigenous Policy Coordination.
2007	— The Northern Territory Intervention was enforced by the Howard Government.
2008	— Prime Minister Kevin Rudd delivers the National Apology to the Stolen Generations. — The first agreement for the Closing the Gap Statement is signed by the Rudd Government.
2016	— The Redfern Statement is issued by Aboriginal and Torres Strait Islander leaders, calling for First Nations autonomy and community control.
2017	— The Uluru Statement from the Heart is shared with the Australian people.
2018	— The Coalition of Peaks was formed to address the underperformance of the Closing the Gap targets and call for the inclusion of Aboriginal and Torres Strait Islander organisations and communities in policy making.
2020	— The COVID-19 pandemic is declared by the World Health Organization. — The Australian Government and the Coalition of Peaks sign the new National Agreement on Closing the Gap.
2023	— After decades of tireless advocacy work from Aboriginal and Torres Strait Islander leaders and community members, the Australian public vote ‘no’ in the referendum to enshrine an Aboriginal and Torres Strait Islander Voice to parliament.



Research findings: the 10 domains of decolonising practice

Yungkurrinthi Inparrila Cultural Gathering Space, Flinders University

> *“Self-determination is decolonisation.”*
>
> **Research participant**

Domains of decolonising practice

The project has identified 10 domains of decolonising practice in APHC services and grouped them under three areas.

Staffing, governance and leadership

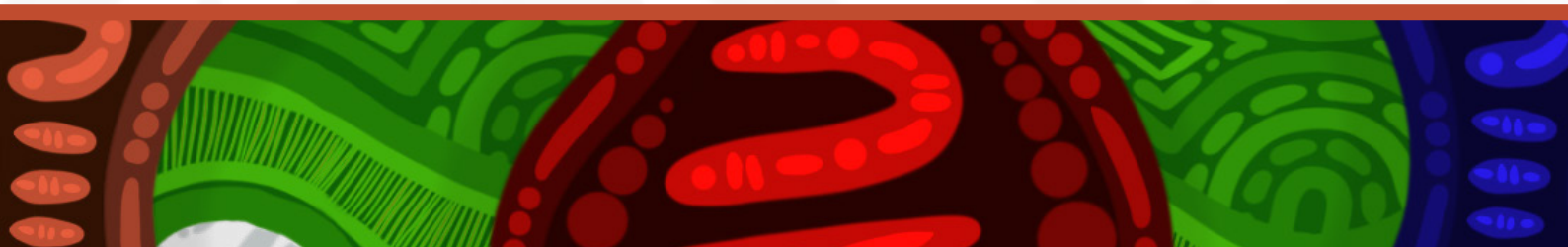
1.	Aboriginal and Torres Strait Islander people leading the organisation.
2.	Employment of Aboriginal and Torres Strait Islander staff.

Cultural safety of services

3.	Culturally respectful services, within a welcoming and safe space.
4.	Integrating First Peoples' knowledges (ways of knowing, being, doing).
5.	Ways of working that strengthen cultural identity and integrity.
6.	Being trusted and respected across the community.

Taking action for change

7.	Ways of working consistent with principles of sovereignty and self-determination.
8.	Supporting the community to have more power when dealing with government and other bodies.
9.	Addressing racism within the organisation and challenging racism in other organisations.
10.	Action and advocacy on social determinants of Aboriginal and Torres Strait Islander health in the community.



How do we decolonise Primary Health Care policies?

To decolonise Primary Health Care policies, health services need to address the harmful effects of ongoing colonisation on Aboriginal and Torres Strait Islander health. This can be supported through the strategies outlined below.

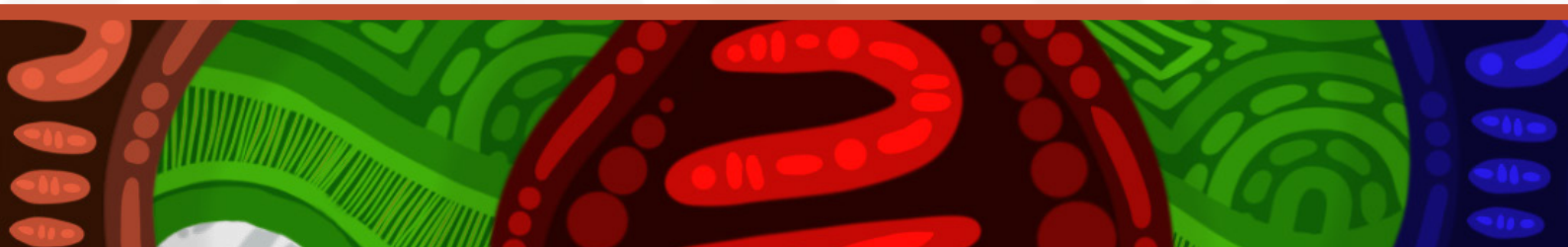
1. Aboriginal and Torres Strait Islander leadership and governance

The ongoing dominance and control of policies and programs by non-Indigenous people is having a detrimental impact on the health and wellbeing of Aboriginal and Torres Strait Islander people. In order for there to be transformative and appropriate decolonisation of Primary Health Care policies, Aboriginal and Torres Strait Islander people must have the right to exercise self-determination. The research found that there needs to be more Aboriginal and Torres Strait Islander leadership and governance at the decision-making levels within government health agencies. ACCHOs successfully operate under the leadership and governance of Aboriginal and Torres Strait Islander people. Community-controlled health organisations are the drivers of change through decolonisation in the health policy environment. These organisations have laid the foundation for Aboriginal and Torres Strait Islander leadership and governance within the health sector.

> *"...we talk a lot about ...Aboriginal health being core business. But more often than not, at a certain level, the conversations don't include Aboriginal people. Their decision-makers are not Aboriginal people."*
>
> **State/Territory government non-Indigenous participant**

2. Increase employment of Aboriginal and Torres Strait Islander staff

In mainstream and community-controlled services, Aboriginal and Torres Strait Islander health practitioners, health workers and Ngangkari (traditional healers) are critical to decolonise policy and service practices. Systems of power have failed to understand and value the role of Aboriginal and Torres Strait Islander staff, and this has led to poor health outcomes for Aboriginal and Torres Strait Islander people and their communities. Aboriginal and Torres Strait Islander staff have lived experience as an Aboriginal and/or Torres Strait Islander person, connection with the local community they work in and cultural understanding. Health workforce policies must be resourced and developed through Aboriginal and Torres Strait Islander leadership in order to be effective.



> *“It’s what we have, you can’t get out of a book. It’s a lived experience. Our knowledge, our skills, are other than what we learnt at doing and being an Aboriginal health worker. It’s just the way that we were brought up.”*

SALHN staff member

3. Address social and cultural determinants of health

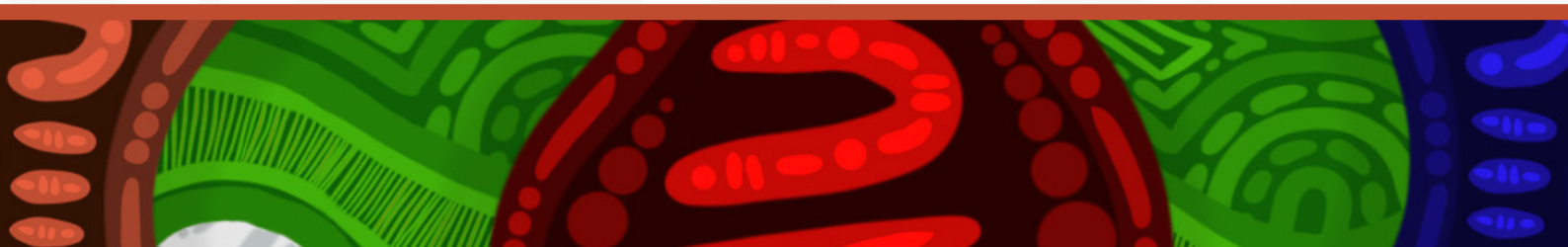
Primary health care policies need to provide services which better reflect the health and social determinants which Aboriginal and Torres Strait Islander communities are advocating for. This can be achieved through the leadership and governance of Aboriginal and Torres Strait Islander people who know what is best for their communities. Social determinants of health include access to safe housing, food security and culturally safe education and other services. Cultural determinants of health include connection to Country, land and culture. The social and cultural determinants of health, along with the power differences and the impacts of racism, must be recognised and acknowledged in order to decolonise and transform the health sector.

> *“We talk about the community being able to use its own health service as a resource for action on the social determinants of health, so as a way of empowering themselves to have some resource and some infrastructure they can use to help fight back and halt the colonial process.”*

Congress non-Indigenous manager

4. Working in ways consistent with sovereignty and self-determination

Policy makers need to draft and implement strategies and programs to strengthen their relationships with ACCHOs. Meaningful relationships with the sector will open opportunities for the development of culturally appropriate policies and programs. Mechanisms should be implemented within governance processes to ensure that the voices and perspectives of Aboriginal and Torres Strait Islander people directly inform decision making surrounding primary health care policies and funding. Research participants commended some of the positive changes already taking place, including Aboriginal and Torres Strait Islander leadership in policy making, recognising culture as central to health and commitments to growing the community-controlled sector. Research findings suggested further potential for decolonising mainstream services by building relationships between government, community-controlled services and the mainstream services operating in their local area or region.



> *“So, this is the work, you know, being in this space, constantly being up for the fight, for the challenge, for the courageous conversations we say, having those and really just standing on our two feet and not having anyone tell us otherwise, you know? I think we’re definitely that now. We’re stronger than we’ve ever been before. We grow with strength, I think, every day at Waminda, basically every day... that de-colonising lens and that de-colonising practice, de-colonising yourself.”*

Waminda staff reflection

5. Decolonising requires anti-racism strategies

Colonisation has resulted in Aboriginal and Torres Strait Islander people’s loss of rights and control over their own lives. Through the introduction of racist policies, non-Indigenous Australians have risen to become the dominant and privileged group.

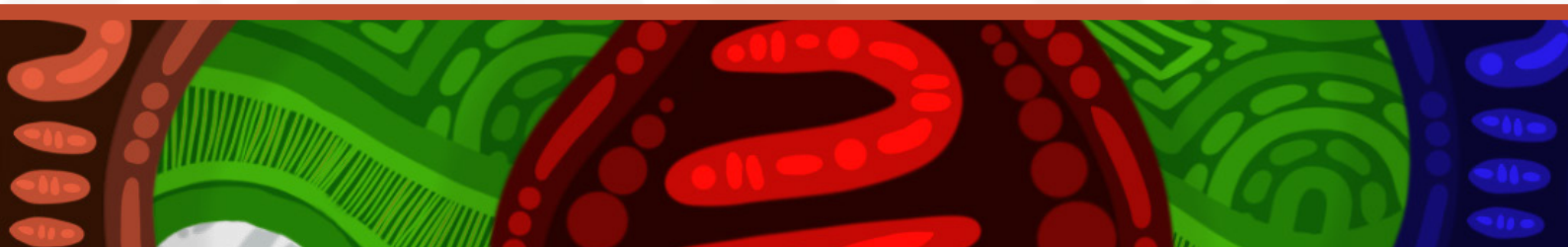
> *“Probably the most important thing that colonisation does is undermine people’s sense of capacity. Right from zero you’re told you’re not good enough, and that’s an ongoing message for Aboriginal and Torres Strait Islander people.”*

Research participant

Decolonisation is not just about the harms health services may cause, it is much broader than health, colonisation impacts on every facet of one’s life in areas such as schooling, policing, services (e.g. telecommunications companies recently ripping off remote communities), banks, exorbitant food costs, government communities and justice services, child removal rates, youth suicides and intergenerational trauma. Power and resources have been removed from Aboriginal and Torres Strait Islander people and communities by colonisers who claimed sovereignty and ownership over their lives.

> *“You need to get the people in the room who all work from a deficit point of view, who all think, whether they admit it or not, [Aboriginal] families are useless. And that they’re better off in care, and that I’m doing them a favour; that all kids are neglected because they’re sleeping on a mattress on a floor. See we have to start there, and we have to do that white privilege stuff, because you know, we do those white privilege, or the decolonising workshops, or whatever, with FACS staff.”*

Waminda manager interview



Anti-racism strategies must acknowledge the role of white privilege and the subsequent racism it has generated and the impacts it has had on First Peoples. The presence of racism cannot be determined by non-Indigenous Australians. Anti-racism strategies need to identify and promote health practices that prevent racism, mitigate the harms of ongoing forms of racism and discrimination and increase cultural safety. Health practices can be improved by empowering and supporting staff, individuals and communities to report and take action against racism and to develop ongoing strategies for embedding anti-racist approaches in systems and structure.

> *"If there's three things we can do to improve the health outcomes for our people it's stop racism, the second is stop racism, and the third is stop racism."*

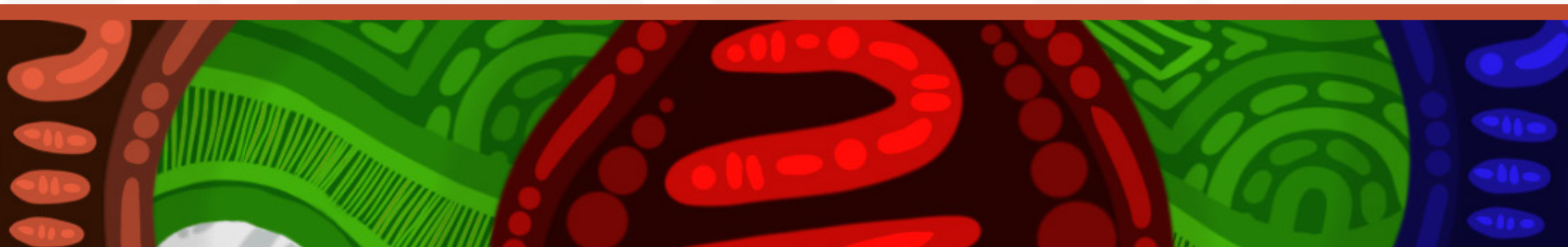
Congress board member

6. Holistic care and action across policy sectors

The concept of holistic care needs to be embedded across health sector policies. ACCHOs deliver a comprehensive model of primary health care that goes beyond providing medical services to also supporting patients with their wider heath needs. This model is centred on delivering strengths-based, holistic, cultural and person-centred care that considers an individual's social and cultural wellbeing. This can include health impacts from other policy sectors, including, justice and corrections, child protection and housing. The Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project research participants often referred to sectors which were set up to oppress and cause harm to Aboriginal and Torres Strait Islander people. The holistic care model requires primary health care services to be equipped to offer support for individuals who are impacted by other sectors. These requirements could include seeking additional funding, volunteer services, upskilling existing service staff or partnering with other services.

> *"It's pretty much like the holistic overview of the family, whatever mum needs to have … a safe, healthy pregnancy, and then once baby is born right up until the baby turns two. It can be anything from getting her licence or going back to school or finding work or housing or Centrelink or anything, whatever."*

Danila Dilba practitioner



Overcoming obstacles to decolonising ways of working

Embrace Aboriginal and Torres Strait Islander knowledges, traditional healing practices and ways of living, being and doing.

Implement employment strategies that target the promotion and employment of Aboriginal and Torres Strait Islander staff to leadership and governance roles. Establish a rate of pay which reflects the critical role of Aboriginal and Torres Strait Islander health practitioners and health workers.

Truth telling on colonisation in Australia. Provide training on the social and cultural determinants of Aboriginal and Torres Strait Islander health and integrate ongoing discussions, trainings and learning resources with health care staff and stakeholders.

Develop and implement Aboriginal and Torres Strait Islander workforce policies and strategies through the leadership of Aboriginal and Torres Strait Islander people.

Provide long-term secure funding to APHC services, which will support the continuous delivery of holistic health care and provide opportunities for the sector to grow.

Include Aboriginal and Torres Strait Islander people in the development of policy to achieve systematic change.

Cultural safety training for organisations and individuals contributing to health workforce policies.

Draft and implement anti-racism strategies while working in consultation with Aboriginal and Torres Strait Islander staff.

Develop a 'National Aboriginal and Torres Strait Islander Social and Cultural Determinants of Health Strategy' in partnership with Aboriginal and Torres Strait Islander community-controlled organisations.

Include community-controlled organisations in the drafting of primary health care strategies and supporting Aboriginal and Torres Strait Islander data governance.

Culture, Country, Connection, Kinship, Community, Culture, Country, Connection, Kinship, Community, Culture, Country, Connection, Kinship, Community, Culture, Country, Connection, Kinship,

Dominance of the westernised biomedical health care model, and the ongoing devaluing of other knowledges.

Persistent colonising structures and processes in national, State and Territory policy implementation.

The presence of employment hierarchies in positions not held by Aboriginal and Torres Strait Islander people.

Failures of governments and organisations to properly value the essential role of Aboriginal and Torres Strait Islander Heath Workers and Health Practitioners.

Ignorance or denial of ongoing colonisation and its effects by non-Indigenous PHC practitioners, staff, leaders and policy makers.

Deficit-based, racist and 'blaming' views and assumptions about Aboriginal and Torres Strait Islander people.

Employment conditions of Aboriginal and Torres Strait Islander Heath Workers and Practitioners including low pay rates, lack of career pathways, management attitudes in large services and undervaluing the voices and insights of 'on-the-ground' workers.

Lack of understanding of the social and cultural determinants of health

Funding limitations that disrupt the capacity of APHC services to deliver decolonising practices by creating workforce insecurity, increasing administrative workloads, defunding or failing to fund successful programs, or funding programs that don't fit local needs.

Inability for APHC services to access, collect and control data on determinants of health to advocate more effectively to state or federal governments.

#AlwaysWasAlwaysWillBe #AlwaysWasAlwaysWillBe #AlwaysWasAlwaysWillBe #AlwaysWasAlwaysWillBe

Story of the research

The Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project was formed by a team of researchers which included Aboriginal academics. The embedding of the decolonising methodology was led by Aboriginal research team members who share a holistic view towards healthcare. This holistic view is derived from their knowledge of Aboriginal and Torres Strait Islander ways of knowing, being, and doing.

This report details the findings of the research project which was conducted in partnership with five APHC service providers based around Australia, including three community-controlled health services and two government health services. The project sought the guidance of an advisory group, made up of Aboriginal and Torres Strait Islander representatives from peak bodies delivering APHC.

The project also collaborated with Aboriginal and Torres Strait Islander community members. While the goal is to have decolonisation led by Aboriginal and Torres Strait Islander people to address the harms caused by the current health system, challenges such as Aboriginal and Torres Strait Islander workforce shortages complicate this vision.

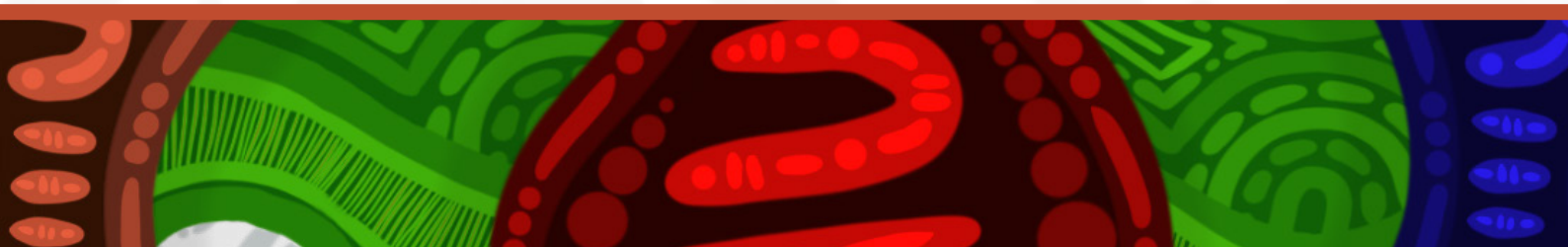
The aim of the project was to refine the definition of decolonising practice in primary health care and establish a framework for decolonising primary health practice.

The research team identified decolonising primary health care practice as:

"Colonisation in Australia is built as a structure of systemic racism and contributes to major effects on the health and wellbeing of Aboriginal and Torres Strait Islander Peoples. Decolonising health care practices are the ways of working that eliminate colonial approaches to health, so our people can not only survive but thrive. This means transforming the policies, processes and practices that influenced health in the past, and which are still present today."

Decolonising practice:

- is led by Aboriginal and Torres Strait Islander ways of knowing, being and doing
- breaks down systemic racism
- challenges the power imbalances in all structures formed by society
- acknowledges and addresses white privilege
- is strengths-based.



The framework for decolonising primary health care practice (outlined on page 12) is intended to assist with addressing the negative health effects of ongoing colonisation on Aboriginal and Torres Strait Islander Peoples.

The research conducted as part of the project is a collaboration between Aboriginal and Torres Strait Islander researchers and non-Indigenous researchers from the University of Adelaide, Flinders University, University of Technology Sydney, University of Queensland, and University of British Columbia.

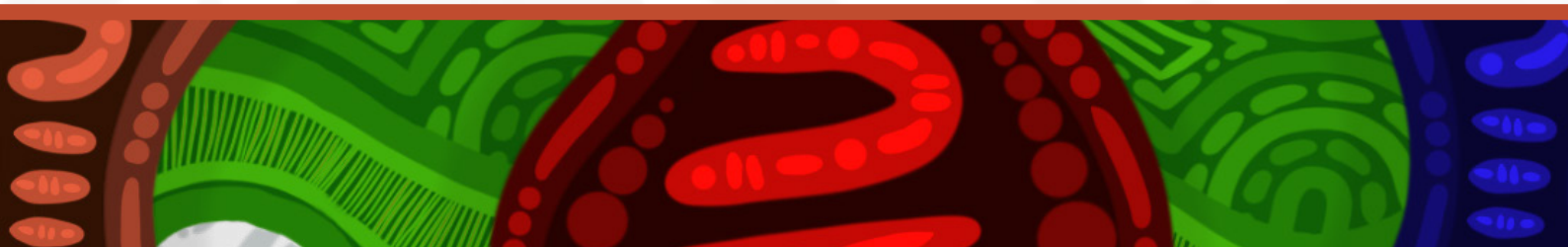
The project partnered with Aboriginal and Torres Strait Islander health services in the Northern Territory (Danila Dilba Health Service, Central Australian Aboriginal Congress Aboriginal Corporation), South Australia (The Southern Adelaide Local Health Network), New South Wales (Waminda South Coast Women's Health and Wellbeing Aboriginal Corporation), and Queensland (Inala Indigenous Health Service).

About the research and methodology

The continued failure of Australian governments' Closing the Gap initiatives to adequately address the inequities suffered by Aboriginal and Torres Strait Islander people has proven there is a need for a new approach. While APHC services are already addressing the social and cultural determinants of Aboriginal and Torres Strait Islander health through decolonising practice, research evidence is urgently needed to support the strengths in decolonising health care practices.

The Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project used a combination of research methods. These included interviews, workshops, community forums and staff reflections to gather data from community controlled and state-managed services, and community members. Led by a team of Aboriginal and non-Indigenous researchers, the project prioritised the voices of Aboriginal and Torres Strait Islander people wherever possible during the research process.

The research also included analysis of federal and state and territory policy documents to determine if and how decolonising practice is represented and discussed. This assisted the research team to identify critical factors within policies and organisations which could support improved health outcomes through decolonising practices.



The project aimed to improve Aboriginal and Torres Strait Islander health outcomes by:

1. Developing a theoretical framework that can guide health care strategies to address the negative health effects of ongoing colonisation.
2. Create awareness of the positive health impacts of decolonising strategies used by APHC services to address negative effects of ongoing colonisation.
3. Identify ways to strengthen policy support for decolonising practice.

Some of the researchers and service partners from the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project

About the research team

Stretton Health Equity, The University of Adelaide

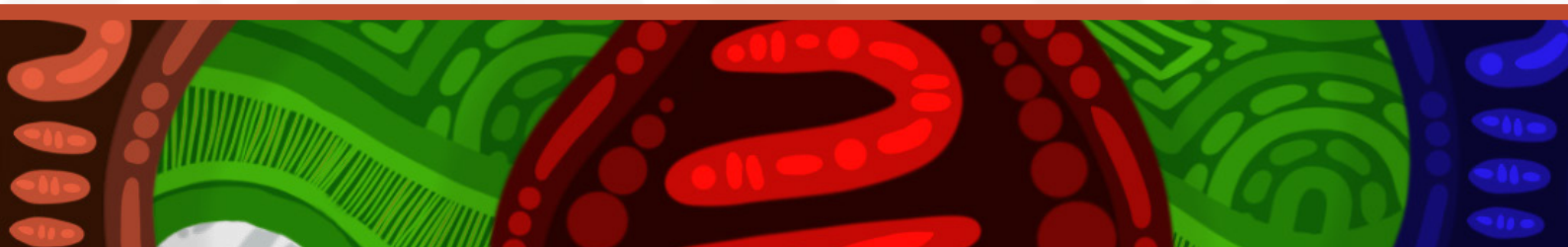
Stretton Health Equity is part of the Stretton Institute at the University of Adelaide. Stretton Health Equity's research focus is on what can be done about the underlying factors that determine the distribution of health and well-being outcomes. The research team produce research knowledge on why health inequities exist, what can be done about them and how population health overall can be improved.

The research areas cover primary health care, the commercial determinants of health, Health in All Policies, and assessment of policies in a range of areas including housing, urban planning, trade and social welfare in terms of their health and wellbeing impacts. Funding is received from the Australian Research Council (ARC) and National Health and Medical Research Council (NHMRC) and government agencies.

The Aboriginal and Torres Strait Islander Public Health Research Team, Flinders University

The Aboriginal and Torres Strait Islander Public Health Research Team is part of the College of Medicine and Public Health, and the Flinders Health and Medical Research Institute (FHMRI) at Flinders University. The team are made up of Aboriginal and Torres Strait Islander and non-Indigenous researchers who are committed to working across different ways of knowing, being and doing to improve wellbeing.

The Aboriginal and Torres Strait Islander Public Health Research Team's projects ask and answer questions that include Aboriginal and Torres Strait Islander worldviews and explore root causes of health and social inequity. The team are creating new and different ways of working which include using yarning, photovoice and journey mapping to collect information as well as collaboration to interpret information shared with the wider research teams. The aim is to provide evidence for best practice and policy-making that reflect Aboriginal and Torres Strait Islander peoples' priorities and lead to real change.



Additional investigators

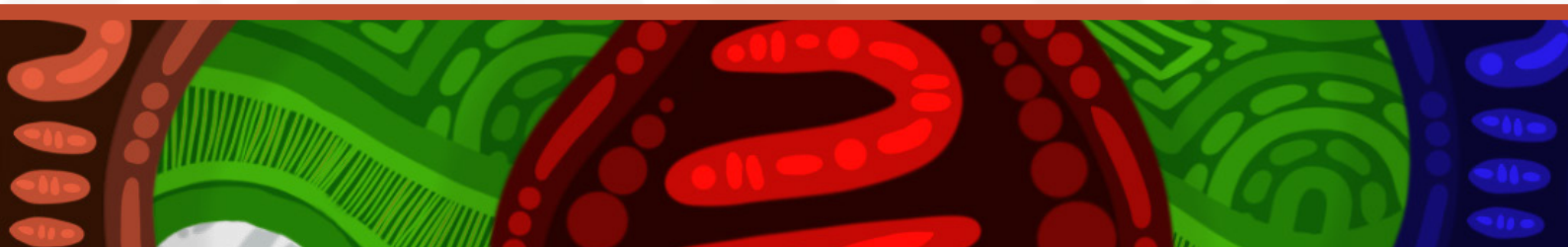
The research was also led by investigators from University of Technology Sydney (Professor Juanita Sherwood), University of Queensland (Professor Deb Askew), and University of British Colombia, Canada (Professor Annette Browne).

Other contributors

The Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care Project wishes to acknowledge and thank the partner services for their contributions as well as community members who shared ideas for the next steps towards decolonising Primary Health Care. We would also like to thank the NHMRC for funding the Decolonising Practice in Aboriginal and Torres Strait Islander Primary Health Care project.

The researchers

Team member	University/Organisation	Project Role
Professor Fran Baum	The University of Adelaide	Chief Investigator
A/Professor Tamara Mackean (Waljen)	Flinders University	Chief Investigator
Professor Juanita Sherwood (Wiradjuri)	University of Technology Sydney	Chief Investigator
Dr Toby Freeman	The University of Adelaide	Chief Investigator
Professor Anna Ziersch	Flinders University	Chief Investigator
Dr Kim O'Donnell (Barkindji/ Malyangapa)	Flinders University	Chief Investigator
A/Professor Deborah Askew	University of Queensland	Chief Investigator
Professor Judith Dwyer	Flinders University	Chief Investigator
Professor Annette Brown	University of British Colombia	Chief Investigator
Professor Michael Kidd	Flinders University	Chief Investigator
Dr Katy Osborne	Flinders University	Research Fellow
Dr Matt Fisher	The University of Adelaide	Senior Researcher
Shane D'Angelo (Kokotha)	Flinders University	Research Fellow
Sonya Egert (Noonuccal Goenpul)	Inala Indigenous Health	Research Officer
Sharna Pearce	The University of Adelaide	Project Support
Laura Banisch	Flinders University	Project Support



Further reading

Australian Nurse-Family Partnership Program. (2013). Program origins. https://www.anfpp.com.au/program-history-in-australia

Central Australian Aboriginal Congress. (2024). *Effects of Alcohol Policy on Alcohol related harm in Alice Springs, 2015 to 2024*. https://www.caac.org.au/alcohol-policy-and-alcohol-related-harm-in-alice-springs/

Central Australian Aboriginal Congress. (2022). Our History. https://www.caac.org.au/our-history/

Clifford, S., Smith, J.A., Livingston, M., Wright, C.J.C., Griffiths, K.E., & Miller, P.G. (2021). A historical overview of legislated alcohol policy in the Northern Territory of Australia: 1979–2021. *BMC Public Health*, *21*(1), 1-18. https://doi.org/10.1186/s12889-021-11957-5

Coombs, D. (2018). Primary Health Networks' impact on Aboriginal Community Controlled Health Services. *Australian Journal of Public Administration*, (77), S37-S46. https://nacchocommunique.com/wp-content/uploads/2019/01/coombs-2018-australian_journal_of_public_administration.pdf

Davis, M. (2024). Prof. Megan Davis Delivers 2024 UQ NAIDOC Keynote Lecture [Keynote Lecture]. The Uluru Statement. https://ulurustatement.org/prof-megan-davis-delivers-2024-uq-naidoc-keynote-lecture/

Foley, G. (2010). A Short History of the Australian Indigenous Resistance 1950 – 1990. 1 – 29. http://www.kooriweb.org/

Foley, G. (2001). Black Power in Redfern 1968 – 1972. 1 – 31. http://www.kooriweb.org/

NACCHO. (2018). Budget proposals to accelerate Closing the Gap in Indigenous Life expectancy. https://www.naccho.org.au/publications-resources/

Northern Territory Government. (2023). Understanding the interim alcohol protected area opt-out model: A guide for Communities. https://nt.gov.au/law/alcohol/bans-and-dry-areas/changes-to-alcohol-restrictions-in-nt-communities